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ABSTRACT

Presented is the administrative guide for Project ACTIVE (All Children Totally Involved Exercising) designed to assist school districts or agencies in training educators to organize, conduct, and evaluate individualized-personalized physical education programs for handicapped students, prekindergarten through high school. Chapter I provides the administrator with the justification for adoption, including the program's compliance with state and federal statutes. Included in Chapter II are a brief overview of the ACTIVE program and insight into its exemplary features (competency based teaching and individualized-personalized learning). Chapters III through V provide guidelines for operationalizing the program in three stages: pre-program planning which focuses on the activities that must be completed prior to program installation; program implementation which provides specific guidelines for initiating the diagnostic-prescriptive process within one class, establishing an advisory council and delineating the functions, role expectations, and responsibilities of committee members, and installing the program at the elementary and secondary levels; and post-program activities which stress the importance of evaluation and communication as two viable strategies for engendering school-community support of the program. Appended materials include medical excuse forms; tables reflecting Project ACTIVE supply and equipment needs; the ACTIVE evaluation design; a table on the diagnostic-prescriptive analysis of motor performance; an outline of the course of study; and a list of policies, rules, and regulations. (SBH)

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A.C.T.I.V.E.

ADMINISTRATOR'S GUIDE

ORGANIZATIONAL AND ADMINISTRATIVE STRATEGIES

Thomas M. Vodola, Ed.D.
Project Director

Project ACTIVE: All Children Totally InVolved Exercising

Project Number: 72-341, Title IVC, E.S.E.A.

MEMO FROM THE COMMISSIONER

"On behalf of the Department of Education, State of New Jersey, I wish to bring Project ACTIVE to the attention of educators throughout the nation. The program has made a significant contribution to both physical and special education in New Jersey and thus will be of interest to both educators and parents."

Dr. Fred G. Burke
Commissioner of Education
New Jersey Department of Education

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	Nutley
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Hunterdon	Hampton
	Lebanon Township
	N. Hunterdon Central Regional
Mercer	E. West Windsor Regional
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	New Brunswick
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	St. Mary's
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	Scotch Plains–Fanwood
	Union County Regional High School No. 1
Monmouth	Asbury Park
	Association for Children with Learning Disabilities
	Associaiton for Retarded Children
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	Wall Township
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	Reserve
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Pennsylvania	Norristown
	Upper Merion
Rhode Island	Oakland Beach
	Warwick
Texas	Texas Woman's Univ., Denton*

*ACTIVE Satellite Sites–visitations for awareness and training sessions are encouraged.

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FOREWORD

Contemporary education views the role of the principal as one of educational leadership. Project ACTIVE provides the school's chief administrator with an opportunity to become involved, involved in good education! Project ACTIVE requires a commitment to a philosophy, everything else will follow.

Project Director, Dr. Tom Vodola, lists the types of handicapped children ACTIVE specifically serves:

mentally retarded
learning disabled
orthopedically handicapped
visually handicapped
auditorily handicapped
mal-nourished
asthmatic
posturally abnormal
post-operative and convalescent

Although the classifications above are very descriptive, not all students with these handicaps are readily obvious.

When I was a youngster, although overweight, I was not obviously handicapped. However, due to visual perceptual problems, it was my fate to be the last chosen for a game of ball on the school playground and understandably so, because I was a liability to the team despite my good intentions.

Project ACTIVE would have assisted me as it has aided my own children. It would have diagnosed my difficulty, prescribed a program suited to meet my needs and provided me with the success I so sorely desired.

Too often, youngsters with handicaps stand on the sidelines of a physical education class or contest watching others and feeling depressed and inadequate. Project ACTIVE involves these youngsters actively and builds on strengths rather than stressing areas of weakness. Physically and socially, these students desperately require the activity, acceptance and success. This is what Project ACTIVE is all about.

I believe, the administrator is readily able to implement, through educational leadership, Project ACTIVE in the following ways:

1. The administrator must make a firm commitment to the philosophy of providing success for each student.
2. The administrator must locate a place to conduct the program, be it a hallway or a well equipped gymnasium.
3. The administrator must motivate and support a trained and committed staff.
4. The administrator must create an awareness in the community as to the need and function of the project.

Once involved in ACTIVE we become zealous missionaries. I personally have observed students learn academic concepts in math, social studies and language arts through experiences involving the entire physical being. I have seen my own youngster master walking down a stairway properly and not one step at a time, with the help of a most patient teacher. I have witnessed the thrill of success in a little girl, permanently dependent upon crutches, winning a race in "Special Olympics."

You see, Project ACTIVE provides so much more than an individualized program in physical education; it provides for the development of a positive self-image and a feeling of accomplishment and that is what all educators want for each and every student!

Donald R. Vineburg, Principal
Township of Ocean Junior High School
Ocean, New Jersey

PREFACE

The development of the Project ACTIVE Manual, *A.C.T.I.V.E.*[1] *Administrator's Guide: Organizational and Administrative Strategies* was a cooperative effort of the Township of Ocean School District and the Office of Program Development, Division of Research, Planning and Evaluation, Department of Education, State of New Jersey. The manual has been prepared to assist school districts or agencies who have implemented or desire to initiate an individualized-personalized physical education program for their handicapped students. Designed for the program administrator or coordinator—the person responsible for the success of the program, it also details the functions and role expectations of other administrators and school personnel whose active involvement is vital to a successful adoption.

In 1974 and 1976 the ACTIVE program was validated by the standards and guidelines of the United States Office of Education as successful, cost-effective, and exportable. As a result, the program is now funded through the New Jersey Title IVC Program to offer interested educators the training and materials required for its replication. This manual was prepared as part of the program's dissemination effort.

The purpose of Title IVC is to encourage the development and dissemination of innovative programs which offer imaginative solutions to educational problems. Project ACTIVE achieved this purpose by disseminating its innovative program to 1,000 teachers and paraprofessionals through 50 regional workshops. Further, as of September 1976, 100 school districts and agencies in the State of New Jersey have adopted or adapted some aspect of the physical education program in accordance with the educational needs of their districts—involving more than 10,000 individuals.

This manual encompasses the guidelines and strategies that are necessary to ensure: optimum pupil performance, successful replication, program continuance and/or expansion. Chapter I provides the administrator with the justification for adoption, including the program's compliance with state and federal statutes.

Chapter II includes a brief overview of the ACTIVE program and insight into its exemplary features—competency-based teaching and individualized-personalized learning. Chapters III-V provide guidelines for operationalizing the program in three stages:

- Pre-program planning—details the activities that must be completed prior to program installation.
- Program implementation—provides specific guidelines for: initiating the diagnostic-prescriptive process within one class; establishing an Advisory Council and delineating the functions, role expectations, and responsibilities of committee members; and installing the program at the elementary and secondary levels.
- Post-program activities—stresses the importance of "evaluation" and "communication" as two viable strategies for engendering school-community support of the program.

Districts interested in establishing individualized-personalized physical education programs for the handicapped need assistance. The following dissemination-diffusion services are provided to aid implementing schools during the initial phases of program installation:

- Inservice teaching training programs
- Individual pupil time prescriptions
- Analyses of pre-post motor and physical fitness performance data
- Certificates of achievement for pupil improvement
- Monthly issues of the *ACTIVE Newsletter*

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[1] A.C.T.I.V.E. is an acronym which means All Children Totally InVolved Exercising.

- Test instruments to assess pupil performance
- Supplementary awareness materials for publicizing the program
- Development of school norms
- Assistance in conducting research studies
- Other general consultant services

For additional information regarding the ACTIVE program, the reader is requested to contact:

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Oakhurst, New Jersey 07755

ACKNOWLEDGEMENTS

The manual, *A.C.T.I.V.E. Administrator's Guide: Organizational and Administrative Strategies* is based on the Developmental and Adapted (D&A) Physical Education Program developed by the Project Director in the Township of Ocean School District, Oakhurst, N.J.

The manual is dedicated to the Township of Ocean Board of Education, the Superintendent of Schools, administrators, teachers, students, and parents for their total commitment to the program. The D&A Council and members of the physical education staff have been the major catalysts for the ACTIVE program and deserve a large measure of credit for whatever success has been attained.

To Prentice-Hall, Inc., a special vote of thanks for granting the Project Director permission to include materials from his text, *Individualized Physical Education Program for the Handicapped Child.*

Special appreciation is also accorded to the ACTIVE Advisory Council and Cadre Team for their unstinting guidance, support, and awareness-training endeavors.

To Mrs. Jean Harmer, Mrs. Dorothy Smith, Mrs. Margaret Campbell, Ms. Rosemary Napolitano, and Mrs. Theresa Addeo, gratitude and appreciation for their painstaking devotion to the development of the many ACTIVE products and services.

Grateful appreciation is expressed to the New Jersey State Department of Education and the Title III-IVC staff members for their continued assistance and support. To Dr. Lillian White-Stevens, a deep debt of gratitude for her editing expertise.

Thomas M. Vodola, Ed.D.
Title IVC, Project Director.

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CHAPTER ONE

RATIONALE FOR PROGRAM ADOPTION

The modification of an existing program, or the implementation of a new program, places increasing demands on the resources, finances and the teachers of the district. Accordingly, since the inception of ACTIVE, the Project Director has analyzed and devised the entire adoption process so as to provide a program which: could be adapted to meet the unique needs of any school district or agency; is cost-effective; is consistent with current educational trends; and contains a complete package of products and services.

ADAPTABILITY TO DISTRICT NEEDS

Flexibility was infused into the program by developing seven discrete components which could be adopted individually, in varied combinations, or totally.

The seven components and manual references are as follows: mentally retarded and learning disabled—Low Motor Ability; mentally retarded and learning disabled—Low Physical Vitality; body mechanics problems—Posture Abnormalities; malnourishment problems—Nutritional Deficiencies; asthma, emphysema, cystic fibrosis—Breathing Problems; orthopedic handicaps—Motor Disabilities or Limitations; and blind, deaf, autistic and aphasic—Communications Disorders.

Thus, a district, by conducting a needs assessment, could implement only those components that are consistent with existing deficiencies. The ACTIVE Model Kit provides one manual for each program component: for example, the *Motor Disabilities or Limitations* manual provides guidelines for individualizing a physical activity program for children with orthopedic handicaps.

MINIMAL SUPPLY AND EQUIPMENT NEEDS

With few exceptions, the total program was designed to enable a district to use supply and equipment items readily available in most physical education departments. For example, adoption of the motor and physical fitness components for mentally retarded and learning-disabled children requires an additional cost of only $50.00. Adoption of all seven components increases the supply and equipment cost to $500.00–$600.00. This expenditure however, provides the district with the capability of programming all of its handicapped students.

FLEXIBILITY OF STAFFING THE PROGRAM

The hiring of additional teaching personnel for a new program normally requires the greatest expenditure of funds. The ACTIVE program, however, can be initiated without hiring any additional personnel. Current adopters recommend consideration of the following staffing procedures:

- Releasing physical educators from teacher-related duties.
- Using "team teaching" with large groups so that one teacher can be assigned to handle the D&A Program.
- Training special educators so that the program can be incorporated within their self-contained classrooms.
- Training school nurses so that they can handle aspects of the program, such as, posture, nutrition, and breathing problems.
- Providing paraprofessionals, parents, and older students with those skills necessary to supervise children involved in prescriptive activities (under the direction of the teachers of the handicapped).

Fig. 1–1
School nurse and adapted P.E. instructor measuring student's vital capacity. Wayside School, Twp. of Ocean School District, Wayside, N.J.

CONSISTENCY WITH EDUCATIONAL TRENDS

Adoption of the ACTIVE program ensures a district's compliance with the mandate of "Education for All Handicapped Children Act" (P.L. 94-142) and a "thorough and efficient education" (Chapter 212, New Jersey). Table 1-1 highlights the criteria of the national and state laws and the corresponding ACTIVE features that provide compliance.

TABLE 1-1
ACTIVE COMPLIANCE WITH STATE AND FEDERAL MANDATE

Requirements		Compliance
P.L. 94-142	**Chapter 212**	**Project ACTIVE**
Equal education for all handicapped children		A program for every child
State responsibility for carrying out the program		NJ supports and finances
Parental involvement in pupil placement		Parental approval for admittance
Individualized instruction	Individualized instruction	Individualized-personalized instruction
Preservice and inservice training of teachers		Teacher training requirement
	Goal-setting	Goals provided
	Specific objectives	Teacher and pupil objectives
Needs assessment	Needs assessment	Diagnostic-prescriptive model
Program development	Program development	Comprehensive curricula/teaching strategies
Evaluation	Evaluation	Formative and summative evaluation
	Program–oriented budgeting	Program costs provided
Inclusion of private school and agencies		Adoptions by the private community

AVAILABILITY OF PRODUCTS AND SERVICES

During the first three years of the program's operation districts need constant supportive products and services. As a result of repeated formative assessment over the past four years, the ACTIVE office and staff have prepared a comprehensive program for serving teachers of the handicapped.

ACTIVE model kit. The kit components, brief descriptions and costs are described on page 5–11.

Tables 1–2 and 1–3 are structured to comply with the comprehensive educational planning process (T&E) mandated by the New Jersey Legislature. The purpose of the tables is to provide districts with similar goals and needs a rationale for adopting Project ACTIVE.

TABLE 1-2

A T&E FORMAT: GOAL NO. 1

PROJECT: A.C.T.I.V.E. SITE: Township of Ocean School District / Oakhurst City PROJECT DIRECTOR: Dr. Thomas M. Vodola CURRICULUM AREA: Physical Education for the Handicapped

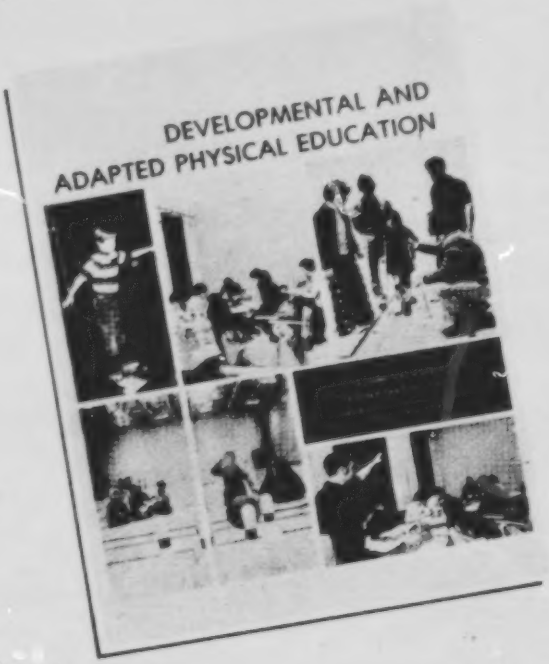
GOAL(S) NO. 1	GOAL INDICATORS	NEEDS ASSESSMENT	DEVELOPING/INSTALLING EDUC. PROGRAM	EVALUATING PROGRAM EFFECTIVENESS
(List of educational priorities) 1. To provide physical educators/special educators with those competencies necessary to implement a physical activity program for all handicapped children.	(Standards for use in assessment) **Indicators:** · Inservice training · Competency-based instruction · Pre-k–grade 12 · Psychomotor skills · Cognitive/affective skills **Assessment Standard:** · The achievement of 20 of 25 competencies listed in the ACTIVE Teacher Performance Chart	(Current status as related to standards) Requires the pre-testing of teachers to determine their expertise for teaching the handicapped. Those trainees evidencing a proficiency score of less than 80% are identified as needing inservice. (Mean pretest achievement score for former trainees [500] has been 20%)	(Strategies/activities necessary to attain standards) **Maxi-Offering** · Definition: Provides trainees with those skills, attitudes, and knowledges necessary to implement an individualized physical education program for all handicapped children. · 40-hour training program, plus assignments in the district that require 20 additional hours. **Mini-Offering** · Definition: Provides trainees with those skills, strategies, and knowledges necessary to implement an individualized motor, perceptual-motor and physical fitness program for the MR and LD child. · 24-hour training program, plus assignments in the district that require 20 additional hours. **Clinics** Definition: Provides trainees with those skills, attitudes, and knowledges necessary to implement one program component. **Curriculum Materials** The project provides, on a cost basis a teacher training manual, and filmstrip which are structured to aid in the organization/administration of the program and the "turnkey" training of other staff members.	(Measuring effectiveness of strategies/activities; recommending program modifications) **Formative Assessment of Teacher Performance** · Supervision of trainees in a practicum setting provides opportunities to modify teacher behavior as the need arises. · Feedback related to homework assignments further aids goal attainment. **Summative Assessment of Teacher Performance** · Pre-post testing provides baseline information, overall proficiency gains, and achievement levels for all participants. · Mastery of all competencies can be attained by follow-up training/review at the project site. **Formative/Summative Assessment of Training Program** Administration of the "Trainee Evaluation Form" at the termination of the program provides "hard" data for evaluating: (1) the teaching model kit; (2) the practicum experiences; (3) the instructors; and (4) the overall program. Further, narrative information provides suggestions for improving subsequent training programs.

TABLE 1-3

A T&E FORMAT: GOAL No. 2

PROJECT: A.C.T.I.V.E. SITE: Township of Ocean School District / Oakhurst City PROJECT DIRECTOR: Dr. Thomas M. Vodola CURRICULUM AREA: Physical Education for the Handicapped

GOAL(S) No. 2	GOAL INDICATORS	NEEDS ASSESSMENT	DEVELOPING/INSTALLING EDUC. PROGRAM	EVALUATING PROGRAM EFFECTIVENESS
(List of educational priorities)	(Standards for use in assessment).	(Current status as related to standards)	(Strategies/activities necessary to attain standards)	(Measuring effectiveness of strategies/activities; recommending program modifications)
To provide all handicapped students with a physical education program designed to ameliorate or remediate deficiencies and to reinforce strengths.	**Indicators** . Physical education Handicapped children . Pre-K – grade 12 . Individualized instruction . Personalized instruction **Assessment Standards** . The attainment of motor and physical fitness standard scores of 35 or above based on the NJ ACTIVE norms. (The standards may be modified in accordance with district needs/resources. . Formative/summative standards are available for other handicapping conditions. . Standards are available for: mentally retarded learning disabled orthopedically handicapped posturally abnormal nutritionally deficient breathing problems communication disorders	Requires pretesting of handicapped population in terms of the appropriate instrument(s) and comparing performance to norm-referenced or criterion-referenced objectives. Students identified as performing below the "cut-off" points are identified as needing enrichment activities. **(Note: Needs assessment of children with medically-oriented problems must be determined by the family or school physician.)**	**Teacher/Learning Process** . The educational program for each child is "tailored" to his or her needs. The teaching/learning process includes:. **individualized instruction** testing assessing prescribing evaluating **personalized instruction** immediate, positive reinforcement structuring each task to ensure success elective experiences (within a structure) establishing teacher-pupil rapport **Curriculum Materials** The project provides, on a cost basis, seven manuals structured to aid the teacher in implementating an individualized physical education program for any of the handicapping conditions cited under **Assessment Standards.** **NOTE: ADOPTION OF THE TOTAL ACTIVE PROGRAM ENSURES DISTRICT COMPLIANCE WITH "T&E" AND EDUCATION FOR ALL HANDICAPPED ACT (P.L. 94-142)**	**Formative Assessment of Pupil Performance** . Criterion-referenced norms are provided for all handicapped conditions. . Daily assessment of individual performance provides opportunities for modification of prescriptive tasks/activities. **Summative Assessment of Pupil Performance** **Component / Standard / Instrument** Motor / 20% gain / Twp. of Ocean Motor Physical Fitness / 20% gain / Twp. of Ocean Physical Fitness Posture / 10% / N.Y. Posture Screening Nutrition / 10% improvement / Pryor Width-Weight Breathing / 20% / Dry Spirometer Motor Disabilities / 20% / Modified Motor/Physical Fitness Comm. Disorders / 20% / Modified Motor/Physical Fitness **Summative Assessment of the ACTIVE Program** . Comparision of pre-post test mean scores. **(Note: Participating schools are provided a comprehensive print-out of individual and group performance scores annually.)**



DEVELOPMENTAL AND ADAPTED PHYSICAL EDUCATION: A COMPETENCY-BASED TEACHER TRAINING MANUAL

Presents an effective method of providing graduate and under-graduate students in physical education, and recreation with those minimal competencies necessary to implement an individualized physical activity program for all handicapping conditions.

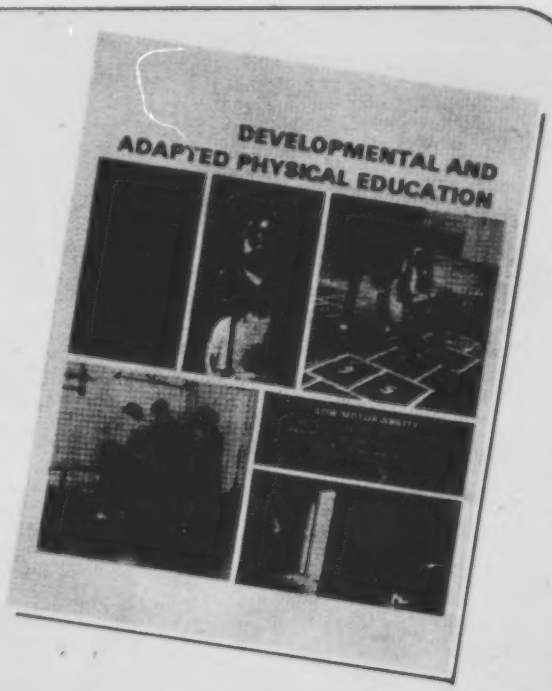
Cost: $7.50

LOW MOTOR ABILITY MANUAL

Provides guidelines for developing a comprehensive motor ability program which focuses on:

Early intervention
All levels of mental retardation
Learning Disabilities
Normative data for assessing performance.

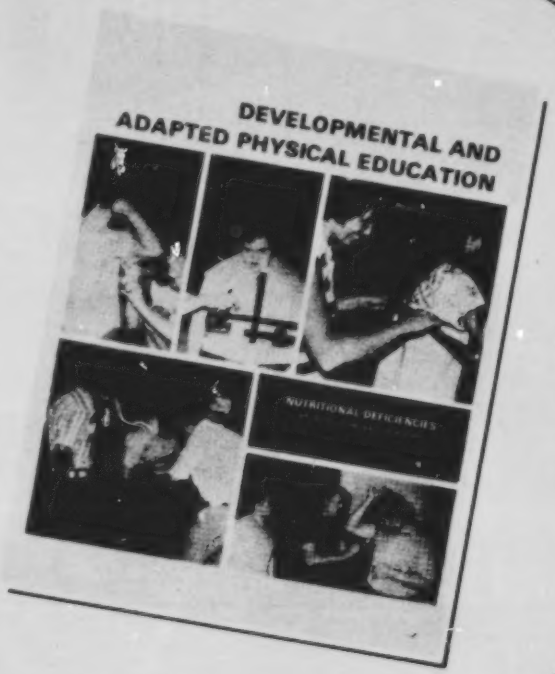
Cost: $6.00 (Revised Edition)

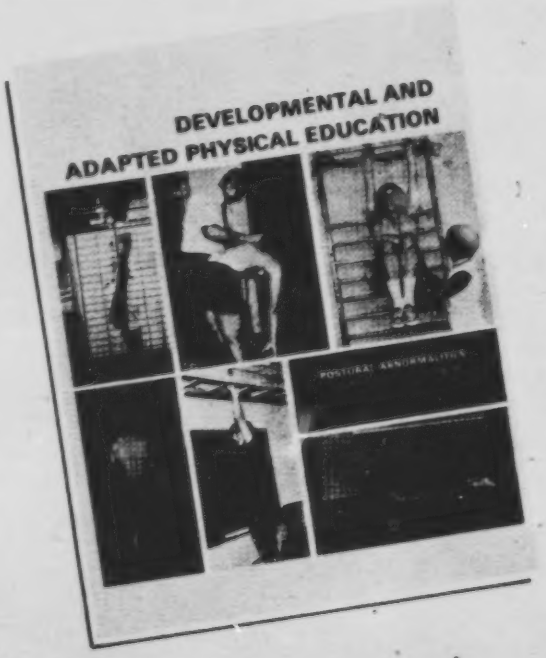


NUTRITIONAL DEFICIENCIES

Provides an individualized physical activity and nutrition program for children in grades K-12 who are severely malnourished, either obese or underweight.

Cost: $4.00





POSTURAL ABNORMALITIES

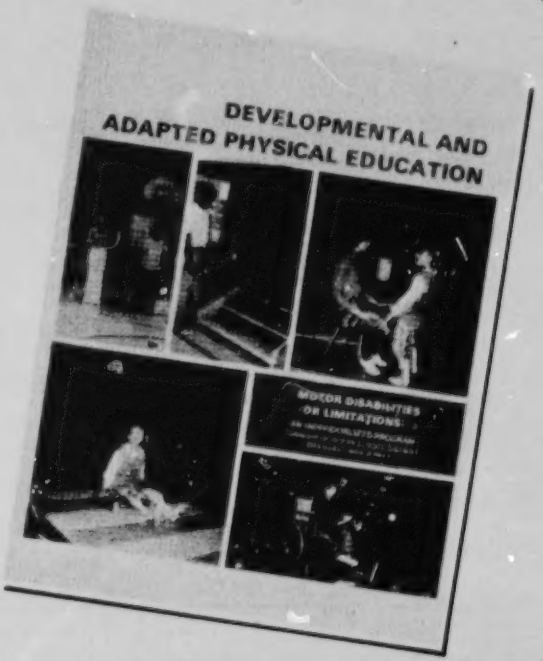
Presents a format and content for instituting a body mechanics program. Provides guidelines for working closely with the family and/or school physician and the school nurse.

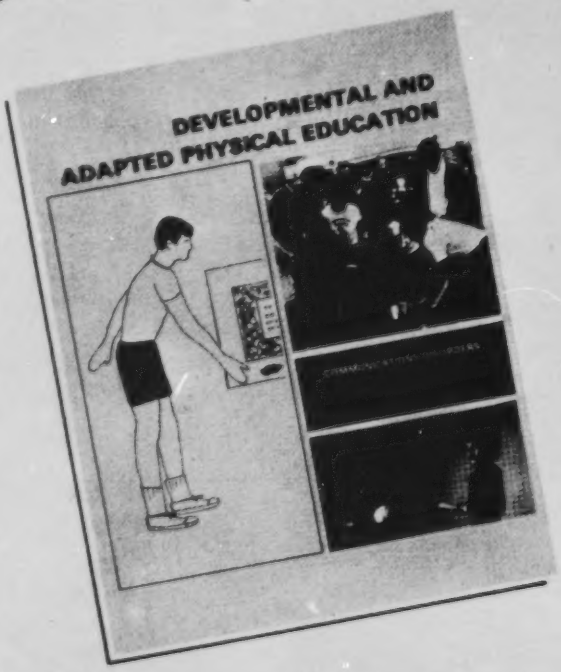
Cost: $4.00

MOTOR DISABILITIES OR LIMITATIONS

Provides practitioners in the field with a structured procedure for individualizing and personalizing a motor activity and physical fitness program for students exhibiting varying physical disabilities.

Cost: $4.00





COMMUNICATIONS DISORDERS

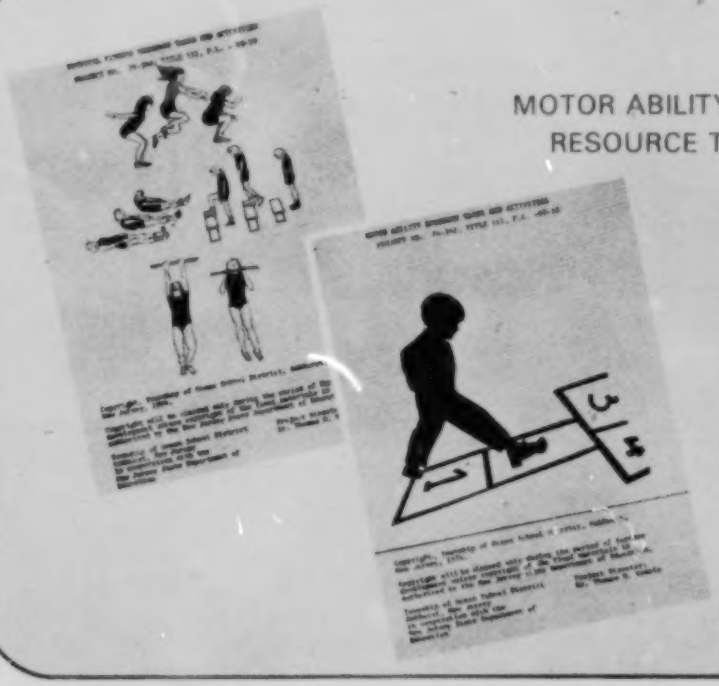
Presents an individualized and personalized approach to initiating a motor and physical fitness program for students who are classified as:
Auditorily handicapped
Visually handicapped
Autistic
Aphasic

Cost: $4.00

BREATHING PROBLEMS

Provides the reader with a sequential approach to initiating an individualized physical education program designed to ameliorate breathing problems.

Cost: $4.00



MOTOR ABILITY & PHYSICAL FITNESS RESOURCE TASKS AND ACTIVITIES

Provides the teacher with the capability of extending the individualized program beyond the classroom setting by using parents, paraprofessionals, and peer teachers to assist in the activity phase of the program. (Note: "Resource Tasks and Activities" are also included in the *Low Motor Ability* and *Low Physical Vitality* manuals.)

Cost $.50 each

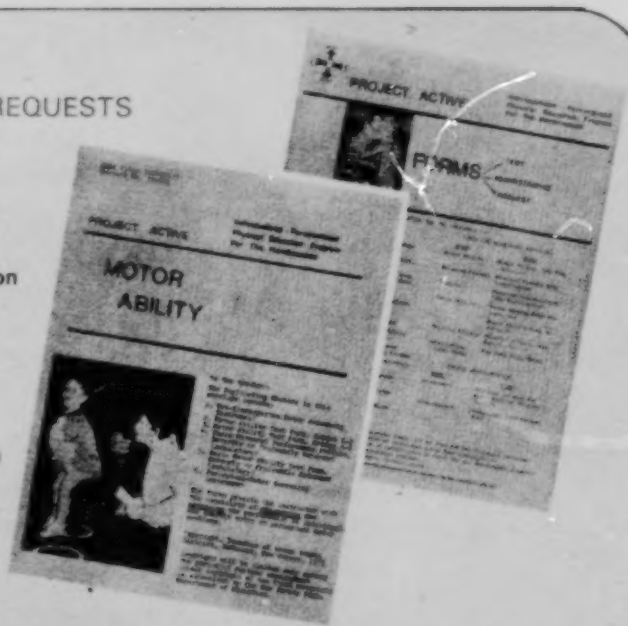
TEACHER TRAINING & MOTOR ABILITY FILMSTRIPS

Cost: $5.50 each (c/s, 12 minutes)

TEACHER TRAINING
Presents a step-by-step explanation and demonstration of the *competency-based teacher training process.*

MOTOR ABILITY
Clarifies the *individualized-personalized teaching-learning process* by applying the approach to the motor ability phase of the ACTIVE program.

MOTOR ABILITY & FORMS: TEST, ADMINISTRATIVE, and REQUESTS DUPLICATING MASTERS



Provides the teacher with the capability of reproducing sufficient forms (200) to establish a comprehensive physical education program for all handicapped students. Includes forms for procuring the following services from ACTIVE:

motor/physical fitness time prescriptions, analyses of data, pupil certificates of merit, and assistance in the development of district norms.

Cost: Motor Ability–$1.00; Forms: Test, Administrative, and Requests- $3.00

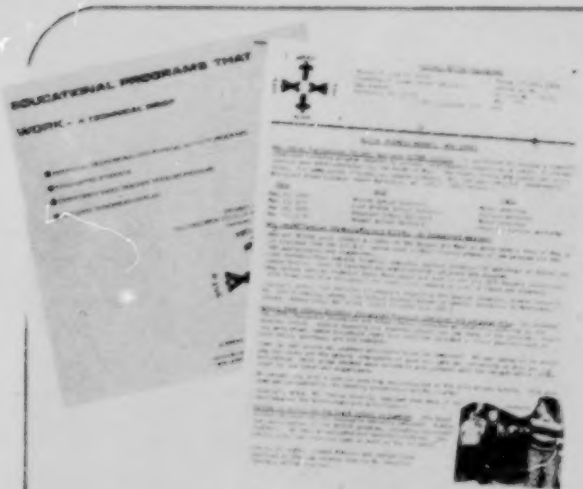
PROJECT ACTIVE FILMS:

The Hidden Handicap
A Child Involved

Presents an overview of the problems confronting the *learning disabled* child. Includes a segment dealing with ACTIVE's approach to ameliorating perceptual-motor difficulties. (16 mm c/s film produced by ABC-TV, 27 min.)

A film designed for general public consumption. Highlights the values derived from a physical activity program for the handicapped by visiting ACTIVE adopter sites. (8mm c/s film produced by Montclair State College, N.J. 20 min.)

Films may be borrowed on a no fee basis; contact the ACTIVE office for particulars.



OTHER ACTIVE MATERIALS

- *Evaluation Design:* Cites essential adoption elements necessary for successful replication **No Fee.**

- *Research and Evaluation Report, 1973-76:* Provides evaluative design and statistical tools applied to achieve national validation. **No Fee.**

- *Technical Brief:* Presents an overview of the program, its goal, and the competencies attained as a result of training involvement. **No Fee.**

- *ACTIVE Newsletter:* Monthly publication which serves as a communication vehicle for adopter districts and agencies. **No Fee**

PUBLICATIONS PENDING 1976-77[1]

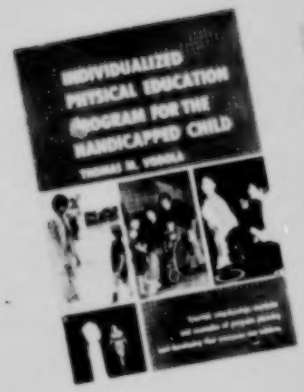
- *Research Monograph:* A compilation of research studies related to the individualized-personalized effort, with implications for programming and subsequent research.

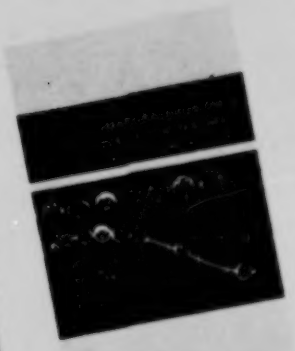
- *Administrator's Manual:* Guidelines for organizing and administering the ACTIVE program.

- *Motor Ability/Physical Fitness Norms Manual:* A compilation of New Jersey and national norms based on chronological age (normal population) and mental age ("classified" population), i.e., M.R., L.D., etc. Also includes simplified procedures for establishing local norms.

- *Facilities/Teacher Resource Manual:* A compilation of sites, contact persons, products and services for teachers of the handicapped.

[1]Sale prices to be determined at a later date.





RELATED TEXTS

- Individualized P.E. Program for the Handicapped Child, *Thomas M. Vodola*, $5.95
- Descriptive Statistics Made Easy for the Classroom Teacher, *Thomas M. Vodola*, $2.95

Send orders c/o: Dr. Thomas M. Vodola, P.O. Box 93, Neptune City, N.J. 07755

For further information concerning ACTIVE, contact:

DR. THOMAS M. VODOLA, ACTIVE PROJECT DIRECTOR
OCEAN TOWNSHIP ELEMENTARY SCHOOL
DOW AVENUE, OAKHURST, NEW JERSEY 07755 201/229-4100 Ext. 260

Other awareness and inservice materials. Upon request, adopters will be provided limited quantities of the following:

- "Product Materials Available for Dissemination"
- "Project ACTIVE: To Help Your Child" (a pamphlet addressed to parents)
- ACTIVE display posters
- Supplementary educational and legislative materials
- All new instruments and norms that are developed.

Individual pupil time prescriptions. Upon submission of pretest data for motor performance, physical fitness, and posture, teachers are provided physical activity time prescriptions computed in accordance with individual strengths and deficiencies, and also a packet of suggested motor and/or physical fitness tasks and activities. (Future plans include the incorporation of prescriptive activities with the time prescriptions.)

Pre-post test data analyses. Districts or Agencies submitting pre-post date will be provided a statistical analysis. The print-out will include:

Individual Basis

—the percentage gain for each variable
—the percentage gain for Motor Ability Index (MAI) or Physical Fitness Index (PFI)

Group Basis

—the mean score for each pre- and post-variable
—the mean percentage gain for each variable
—the mean percentage gain for the MAI or PFI
—the t-test for correlated means (i.e., to determine program impact)

If pre-post data is also submitted for "control" subjects (i.e., those that were not in the program), the above information will be provided, plus the results of an analysis of covariance (i.e., a comparison of the performance of the two groups).

The data print-out should be of invaluable assistance to teachers. The statistical analyses will provide teachers with the capability of:

Individual Basis

—preparing parental reports (e.g., pre-post pupil profiles)
—identifying relative strengths and weaknesses
—preparing individual prescriptions for the following year

Group Basis

—modifying curriculum, consistent with group strengths and deficiencies
—assessing the impact of the individualized-personal-

ized program on group performance
—preparing accountability reports for the administra — tion and board of education

Table 1-4 provides a sample computer print-out of a district's pre-post motor ability data.

Included with each data print-out is the t-statistic. In the sample, Table 1—4, the t-statistic was 4.40. The following format provides a procedure whereby a district can interpret the t-statistic.

Study Criteria:

- **Research hypothesis:** Improved motor or physical fitness performance scores will be exhibited at the termination of the individualized-personalized physical activity program.
- **Null hypothesis:** There will be no difference in the motor or physical performance scores exhibited at the termination of the individualized-personalized physical activity program.
- Level of significance: 0.05 level, i.e., the determination of the probability that a value of "t" as large as, or larger than the obtained value (which is based on the obtained difference between the means of the pre- and post-test samples) could occur on the basis of chance variations in the selection of the samples from the sample population.

Conclusions:

- Significance at, or beyond, the 0.05 level (reflected by "Significant at the **0.005 level**") indicates that one can reasonably assume:
  —rejection of the null hypothesis as improbable
  —acceptance of the research hypothesis as probable
- Non-significance at the 0.05 level (reflected by "Non-significant at the 0.05 level") indicates that one can reasonably assume:
  —acceptance of the null hypothesis as probable
  —rejection of the research hypothesis as probable

CAUTION: The t-test for dependent or correlated means uses the pre-test scores as a "control" group and is considered a pre-experimental design. Thus, if one desires to add more credence to the findings, it is recommended the study be replicated, with the addition of a "true" control group.

Where significance was exhibited beyond the 0.05 level, it was so indicated. While it is customary to reflect whether or not significance occurred at the predetermined level (in this case, 0.05), the Project Director assumed that the involved districts or agencies would desire to know the exact impact of the ACTIVE individualized-personalized learning process.

(Note: The sample data was significant at the 0.005 level indicating dramatic changes in post-test scores for the group.)

Certificates of achievement. Project ACTIVE contends that performance should be evaluated primarily by noting "where a pupil started" and "how much he/she progressed." Of prime concern is that each individual makes some progress—regardless how minimal. Consequently, the philosophy of the program is that "every child is a winner" and should be accorded recognition. To that end, the certificate below has been devised. Upon submission of pre-post data, districts *are* provided one certificate for **each handicapped child.**

Assistance in establishing district norms. If districts desire to establish their own norms for one or more of the test instruments, assistance is available. Each ACTIVE trainee has been provided with the necessary expertise. However, the project site will provide that service, if requested. The procedure includes:

The tallying of all pupil performance scores on ACTIVE Tally Forms.
The accumulation of all scores (i.e., cumulating the frequencies).
Submission of the forms to the ACTIVE Office.

(A separate form is to be submitted for each age, sex and test component. For additional information, contact the Project Director.)

Assistance in conducting field research. One of the goals of the ACTIVE effort is to stimulate research related to physical education for the handicapped. To date, approximately twenty studies have been conducted. (An ACTIVE Research Monograph will be published in the near futu e.) Interested districts or agencies will be provided, upon request, assistance in designing their studies and analyzing their data.

Summary Remarks

The adoption of a new program requires constant assistance and support, especially during the early stages of development. Project ACTIVE has endeavored to antici-

TABLE 1–4

PROJECT ACTIVE — **TITLE III-IVC ESEA PROJECT NO. 72-341**

MOTOR ABILITY DATA REPORT FORM (Grades K-2)

Instructor: John Doe School: Smithville Phone: _____

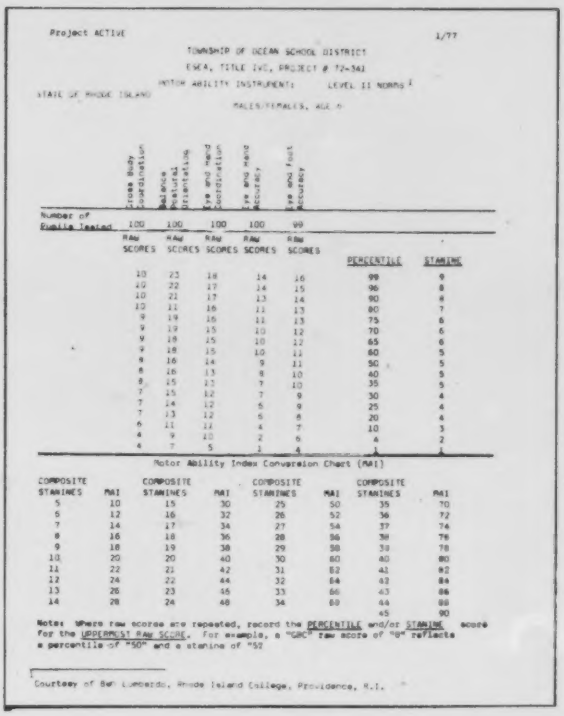
Address: Smithville, USA Zip Code: _____

Mental Age Test: W.I.S.C. Date: May 1, 1976

SUBJECT NO.	RAW SCORES																						
	G.B.C.			B./P.O.			E./H.C.			E./H.A.			E./F.A.			MAI			AGE	SEX	IQ	MA	HANDICAPPING CONDITION
	pre	post	%+	pre	post	%+	pre	post	%+	pre	post	%+	pre	post	%+	pre	post	%+					
1	8	8	0	18	24	33	6	18	200	6	6	0	1	7	600	36	54	50	11	M	45	4	Educable Mentally Retarded
2	10	10	0	18	24	33	6	12	100	6	6	0	1	7	600	48	64	33	8	M	88	7	Perceptually Impaired
3	10	10	0	24	24	0	12	18	50	3	6	100	3	6	100	60	60	0	8	F	81	6	Perceptually Impaired
4	10	10	0	1	25	2400	1	18	1700	3	6	100	1	7	600	32	66	106	9	M	87	7	Perceptually Impaired
5	6	8	33	12	24	100	3	12	300	1	7	600	1	7	600	28	58	107	6	F	68	4	Perceptually Impaired
6	8	8	0	24	24	0	6	18	200	1	7	600	1	7	600	58	64	10	6	M	89	5	Perceptually Impaired
7	10	10	0	21	24	14	12	18	50	3	6	100	1	7	600	42	54	29	8	M	87	6	Perceptually Impaired
8	10	10	0	1	25	2400	3	12	300	3	6	100	3	6	100	34	66	94	8	M	88	7	Perceptually Impaired
9	8	8	0	18	24	33	6	12	100	6	6	0	6	6	0	40	50	25	8	M	84	6	Perceptually Impaired
10	10	10	0	18	18	0	9	15	67	3	3	0	9	12	33	50	56	12	9	M	96	8	Educable Mentally Retarded
11	8	10	25	18	15	–17	12	6	–50	6	6	0	6	6	0	48	44	–8	8	M	88	7	Perceptually Impaired
12	8	10	25	15	24	60	6	18	200	6	6	0	6	6	0	42	58	38	11	M	80	8	Neurologically Impaired
13	8	10	25	15	21	40	3	3	0	3	3	0	3	3	0	32	34	6	8	F	81	6	Perceptually Impaired
14	6	10	67	24	24	0	12	18	50	1	4	300	3	6	100	38	48	26	9	F	91	8	Perceptually Impaired
15	10	10	0	12	21	75	9	6	–33	3	6	100	1	6	500	44	52	18	11	F	78	8	Perceptually Impaired
MEAN	9	9	9	16	23	43	7	14	92	4	6	56	3	7	115	42	55	31					
t-statistic		4.40																					

pate the problems and needs of schools who initiate physical education programs for the handicapped. Accordingly, the following products and services are available to participating school districts or agencies on a cost or no fee basis:

- Teacher training model kit: curriculum guidelines.
- Filmstrips and films: overview of the program with emphasis on values derived.
- Monthly issues of the *Newsletter*: communication vehicle for ACTIVE "family."
- Other awareness materials: school-community public relations.
- Pupil time prescriptions: basis for individualizing instruction.
- Pre-post test data analyses: program evaluation, needs assessment, basis for prescriptive programming, and curriculum modification.
- Certificates of achievement: reward each child.
- Assistance in establishing school or district norms: realistic norm-referenced standards.
- Assistance in conducting research studies: determine program impact on children, or conduct related research.



Project ACTIVE 1/77

TOWNSHIP OF OCEAN SCHOOL DISTRICT

ESEA, TITLE IVC, PROJECT # 72-341

MOTOR ABILITY INSTRUMENT: LEVEL II NORMS[1]

STATE OF RHODE ISLAND MALES/FEMALES, AGE 6

	Gross Body Coordination	Balance Postural Orientation	Eye and Hand Coordination	Eye and Hand Accuracy	Eye and Foot Accuracy		
Number of Pupils Tested	100	100	100	100	99		
	Raw SCORES	Raw SCORES	Raw SCORES	Raw SCORES	Raw SCORES	PERCENTILE	STANINE
	10	23	18	14	16	99	9
	10	22	17	14	15	96	8
	10	21	17	13	14	90	8
	10	11	16	11	13	80	7
	9	19	16	11	13	75	6
	9	19	15	10	12	70	6
	9	18	15	10	12	65	6
	9	18	15	10	11	60	5
	8	16	14	9	11	50	5
	8	16	13	8	10	40	5
	8	15	13	7	10	35	5
	7	15	12	7	9	30	4
	7	14	12	6	9	25	4
	7	13	12	6	8	20	4
	6	11	11	4	7	10	3
	4	9	10	2	6	4	2
	4	7	5	1	4	1	1

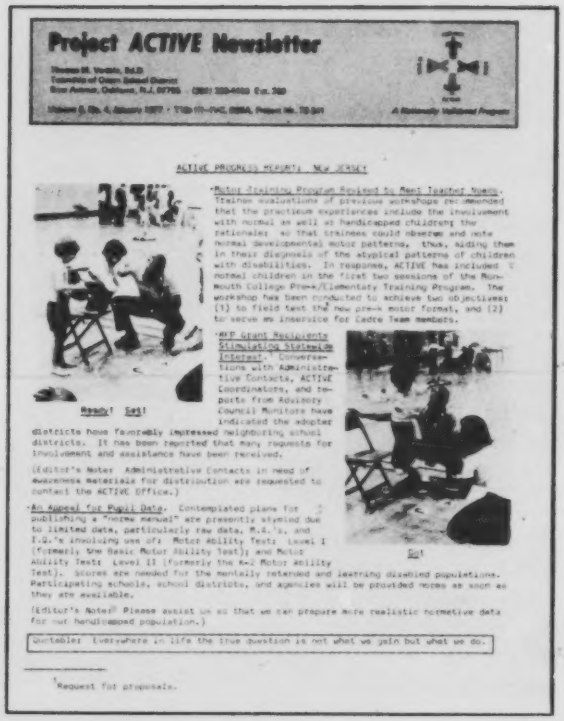
Motor Ability Index Conversion Chart (MAI)

COMPOSITE STANINES	MAI	COMPOSITE STANINES	MAI	COMPOSITE STANINES	MAI	COMPOSITE STANINES	MAI
5	10	15	30	25	50	35	70
5	12	16	32	26	52	36	72
7	14	17	34	27	54	37	74
8	16	18	36	28	56	38	76
9	18	19	38	29	58	39	78
10	20	20	40	30	60	40	80
11	22	21	42	31	62	41	82
12	24	22	44	32	64	42	84
13	26	23	46	33	66	43	86
14	28	24	48	34	68	44	88
						45	90

Note: Where raw scores are repeated, record the PERCENTILE and/or STANINE score for the UPPERMOST Raw SCORE. For example, a "GMC" raw score of "9" reflects a percentile of "50" and a stanine of "5".

[1] Courtesy of Bart Lumsdaine, Rhode Island College, Providence, R.I.

Fig. 1–2
ACTIVE will assist any school, district, or state in the establishment of similar norms.



Project ACTIVE Newsletter

Thomas M. Vodola, Ed.D.
Township of Ocean School District
Ocean Avenue, Oakhurst, N.J. 07755 (201) 222-4100 Ext. 260

Volume 2, No. 4, January 1977 • Title IV-C, ESEA, Project No. 72-341 — A Statewide Validated Program

ACTIVE PROGRESS REPORT: NEW JERSEY

Ready! Set!

•Motor Training Program Revised to Meet Teacher Needs. Interim evaluations of previous workshops recommended that the practicum experiences include the involvement with normal as well as handicapped children; the rationale: so that trainees could observe and note normal developmental motor patterns, thus, aiding them in their diagnosis of the atypical patterns of children with disabilities. In response, ACTIVE has included 12 normal children in the first two sessions of the Monmouth College Pre-K/Elementary Training Program. The workshop has been conducted to achieve two objectives: [1] to field test the new pre-K motor format, and [2] to serve as inservice for Cadre Team members.

•NYP Grant Recipients Stimulating Statewide Interest. Conversations with Administrative Contacts, ACTIVE Coordinators, and reports from Advisory Council Monitors have indicated the adopted districts have favorably impressed neighboring school districts. It has been reported that many requests for involvement and assistance have been received.

(Editor's Note: Administrative Contacts in need of awareness materials for distribution are requested to contact the ACTIVE Office.)

Go!

•An Appeal for Pupil Data. Contemplated plans for publishing a "norms manual" are presently stymied due to limited data, particularly raw data, M.A.'s, and I.Q.'s involving use of: Motor Ability Tests: Level I (formerly the Basic Motor Ability Test); and Motor Ability Tests: Level II (formerly the K-2 Motor Ability Test). Scores are needed for the mentally retarded and learning disabled populations. Participating schools, school districts, and agencies will be provided norms as soon as they are available.

(Editor's Note: Please assist us so that we can prepare more realistic normative data for our handicapped population.)

Quotable: Everywhere in life the true question is not what we gain but what we do.

[1] Request for proposals.

Fig. 1–3
The monthly newsletter is available to ACTIVE "family" members on a no fee basis.

STATE OF NEW JERSEY DEPARTMENT OF EDUCATION

Project *ACTIVE*

INSERVICE PROGRAM FOR SPECIAL EDUCATION, PHYSICAL EDUCATION AND RECREATION TEACHERS OF THE HANDICAPPED

An ESEA, Title IV C NATIONALLY VALIDATED PROGRAM

TOWNSHIP OF OCEAN SCHOOL DISTRICT OAKHURST, NEW JERSEY

Fig. 1–4
ACTIVE Awareness Brochure

CHAPTER TWO

PROGRAM OVERVIEW

The philosophy that educational programs should be designed to meet the unique needs of all students is generally accepted by educators and is now being put into practice: textbooks abound with individualized mathematics, science, and reading programs; schools are being redesigned to facilitate individualized instruction through concepts such as schools without walls, instructional "pods" for team teaching, and resource centers; instructional programs are geared to levels of ability; and the traditional procedure of scheduling students by grade levels is being replaced by strategies which provide greater flexibility.

Despite the progress that has been made in the academic disciplines, in physical education, however, one must search hard to identify a program that applies the concept of equal education for all children. That is the essence of Project ACTIVE. The ACTIVE program has been conceived to meet the physical activity needs of the atypical student, the student who cannot achieve educationally in the regular physical education setting.

This chapter provides a brief overview of the program, identifies the teacher training competencies essential for program success, details the program goals and results attained, clarifies how the program may be adopted by other school districts, explains program "start-up" costs, and delineates the innovative teaching and learning strategies.

Overview

The Project ACTIVE staff trains educators to organize, conduct, and evaluate individualized-personalized physical education programs for handicapped students, pre-kindergarten through high school. The competency based training program and the curriculum for improving motor and perceptual-motor performance in students have been validated as successful, cost-effective, and exportable by the standards and guidelines of the U.S. Office of Education and endorsed for national dissemination by the Dissemination Review Panel. The project's dissemination is funded by the Elementary and Secondary Education Act, Title III-IV (C).

Teacher training programs have been conducted throughout New Jersey over a three year period by a cadre of twenty teachers who are implementing the program with their own students. As of June, 1976, one thousand participants had successfully completed one of the training programs and as a result, had introduced an individualized developmental and adapted physical education program to approximately 10,000 students. The Department of Education, State of New Jersey, recognizes persons who successfully complete the Project ACTIVE training program with a Certificate of Achievement.

Training Program Competencies

Those who successfully complete the Project ACTIVE training program attain the following competencies:

Individualized instruction.

*Write individual prescriptions based on the conversion of raw data to percentiles and stanine scores (no mathematics involved).

*Prepare activity time prescriptions based on individual strengths and weaknesses.

*Prescribe tasks and activities commensurate with a student's primary and secondary body structure characteristics.

Scheduling.

*Schedule students, grades K-12, in a developmental program on the basis of self-contained, or departmentalized classes.

Physical fitness and motor performance.

*Prescribe tasks and activities on the basis of physical fitness and motor ability problems manifested.

*Design and use other motor ability screening instruments.

Body mechanics.

Prescribe exercises to alleviate muscular imbalance, based on the identification of posture problems (subject

*Competencies marked with an asterisk will be demonstrated at the conclusion of a twenty-four hour mini-workshop on the Project ACTIVE curriculum for students with low motor ability and/or low physical vitality.

to the approval of the family or school physician).

Differentiate between a potential "structural" and "functional" curvature of the spine.

Breathing problems.

Plan an activity program commensurate with the individual's breathing tolerance limits, based on measurement of vital capacity (i.e., expiration capacity).

Nutritional deficiencies.

Determine the daily caloric and physical activity needs to sustain, decrease, or increase body weight.

Determine nutritional needs on the basis of bone structure, adipose tissue and muscle girth measurements.

Motor disabilities or limitations.

Prescribe exercises to improve joint flexibility, based on range of motion measurements.

Prescribe tasks to improve muscle atrophy caused by disuse, based on the assessment of strength tolerance limitations.

Determine proper crutch length.

Demonstrate proficiency in crutch-gait walking.

Mentally retarded and learning disabilites.

*Prescribe tasks and activities to relax the hyperactive child based on "tension control" exercises.

*Differentiate between, and plan, prescriptive programs for subject's evidencing visual response and visual-motor response problems.

*Prescribe tasks and activities that include perceptual, motor, cognitive and academic skills to maximize learning.

Partially-sighted or blind.

Prescribe tasks to enhance the subject's kinesthetic sense (awareness of body parts in space).

The replication of Project ACTIVE in states other than New Jersey is defined by the use of the curriculum for students with any handicapping condition in at least three schools and the organization on a statewide basis of an ongoing competency-based teacher training program following the Project ACTIVE design.

Evaluation Design and Results

Specific evaluation designs and results for the training program and the curriculum for students with low motor ability are described below.

Goal No. 1.

All participants in the training program will demonstrate proficiency in providing individualized physical education programs for handicapped students. The minimum level of performance acceptable will be the demonstration of the ability to perform 80% or twenty of twenty-five competencies listed in the Teacher Performance Chart.

Eighty persons trained in 1973-74 were pre- and post-tested by the project staff on the locally developed **Teacher Cognitive-Psychomotor Test.** All achieved the 80% level of mastery on the twenty-five competencies. Therefore, Goal No. 1 was achieved above expectation.

Goal No. 2.

Students with motor problems or other handicapping conditions, who are prescribed individualized-personalized physical activity programs commensurate with their needs for a minimum of sixty minutes per week, will achieve psychomotor performance scores significantly superior to those of students who participate in traditional physical education, plus classroom activities, or solely classroom activities during comparable time periods. (Handicapping conditions are defined as mental retardation (educable), perceptual impairment, neurological impairment, emotional disturbance, low physical vitality, low motor ability, nutritional deficiencies, postural abnormalities, breathing problems, communication disorders, and motor disabilities or limitations. Traditional physical education is defined as participation in individual, dual, or group games which do not consider the needs of each child.)

In 1973-74 experimental populations in two districts were matched on the basis of age, sex and pre-test motor ability scores. Experimental and control groups were pre- and post-tested over a six-month period on the Township of Ocean Motor Ability Test. Test results indicated that children in the experimental groups achieved gain scores significantly superior to those of children in control groups.

During the 1974-75 school year, four additional studies were conducted to determine the effects of the individualized-personalized program on children evidencing low physical vitality, nutritional deficiencies, postural abnormalities, and breathing problems. The experimental populations in five school districts were matched on the basis of age, sex, and psychomotor pre-test scores. Experimental and control groups were pre- and post-tested over a six-month period. Test results indicated the children in the experimental groups achieved gain scores significantly superior to those of children in control groups. (One study also indicated the experimental students made significant self-concept gains.) The four additional ACTIVE components were nationally validated in 1975.

National Dissemination Plan

The Project ACTIVE staff is available on a limited basis to offer orientation presentations. Priority will be given to presentations of fifty or more persons. Arrangements to visit the project site may be made with the Project Director.

In offering training and consultation services, the Project ACTIVE staff prefers to work with state education agencies or professionals in special or physical education who have statewide responsibilities for teacher training programs or curriculum. Training is available to educators in states other than New Jersey who make a commitment to implement the curriculum for handicapped students in at least three schools and to organize a state turnkey training program following the Project ACTIVE design. The Project ACTIVE staff will offer the complete training pro-

*Competencies marked with an asterick will be demonstrated at the conclusion of a twenty-four hour mini-workshop on the Project ACTIVE curriculum for students with low motor ability and/or low physical vitality.

gram of five eight-hour days or a mini-training program of three eight-hour days on the curriculum for students of low motor ability. Both training programs include a discussion of theory, demonstration of competencies by trainer and trainee, and practicum work with students. Training is available twelve months a year.

The eight manuals prepared by the project staff are available at cost to any interested party. (Refer to Chapter I for specific information related to title and cost.

Brochures describing the program, order forms for the manuals, and the Producer-Consumer Agreement required for training and consultation services may be obtained from the Project Director. The training and consultation services of the Project ACTIVE staff are provided free of charge. Travel and lodging expenses of the program staff in states other than New Jersey must be borne by the hosts. Funding for these dissemination materials and services is provided through the ESEA, Title III–IV(C) program in New Jersey.

Cost of Program Implementation

To implement the Project ACTIVE curriculum, a local district must: provide time for staff to be trained; purchase the project manuals for each trainee; and provide an adequate amount of equipment. Per pupil cost for implementing a program for every handicapping condition (including one staff member) is approximately $9.00. Per pupil cost is reduced to approximately $5.00 if no staff member is required. Continuing costs decrease because of availability of initial equipment.

Competency-based Teacher Training Strategies and Purposes

The primary goal of the ACTIVE program is to ensure that each trainee demonstrates proficiency in the twenty-five psychomotor and cognitive skills so that they can effectively implement a minimal physical activity program for all handicapped individuals. The competency training process includes:

STRATEGY	PURPOSE
Pretest trainees	To gather baseline information to plan effective individualized programs
Competency lecture (by the trainer)	To provide research and/or rationale supportive of the competency
Competency demonstration (by the trainer)	To provide trainee with an opportunity to observe the correct performance technique
Trainer-trainee discussion	To provide trainee with an opportunity to ask questions related to points that need clarification
Trainee competency performance	To provide a trainee with direct competency experience, under the supervision of the trainer
Trainer-trainee discussion	To discuss difficulties encountered, in proper application of skill technique
Trainee application of the competency in a field setting	To provide trainee with experience teaching the skill to children (under the supervision of the trainer)
Trainer-trainee discussion	To discuss teaching and learning difficulties encountered and alternate approaches to the problem
Trainee reapplication of the competency in a field setting	To provide trainee with an opportunity to correct difficulties and to master the skill (under the supervision of the trainer)
Post-test trainees	To gather summative information regarding trainee competency attainment

Fig. 2–1
Turn-key training of Rhode Island teacher at the Developer-Demonstrator site.

Individualized-personalized Pupil Learning Strategies and Purposes.

An integral part of the teacher training program is the provision of those skills, knowledges, and attitudes that will maximize the trainee's ability to diagnose, assess, prescribe, and evaluate each child's performance. The process entails:

INDIVIDUALIZED LEARNING

STRATEGY	PURPOSE
Administer pretest	To gather baseline information; to plan effective individualized program
Assess pupil performance	To synthesize all background data, objective and subjective information
Prescribe pupil tasks and activities	To meet the unique needs and strengths of the learner
Evaluate pupil performance	To gather summative information; to modify prescription; to recommend program release

PERSONALIZED LEARNING

Provide positive trainee-pupil interactive techniques	To establish trainee-pupil rapport
Provide pupil learning experiences	To maximize learner involvement, thus enhancing internalization of the process
Stress sequence of tasks and activities	To ensure pupil success
Provide immediate, positive reinforcement	To enhance pupil success
Provide time prescriptions to reinforce strengths	To enhance the child's self-concept
Create a flexible learning environment	To stimulate creativity; to provide the learner with options

CHAPTER THREE

PRE-PROGRAM PLANNING

Successful replication of the ACTIVE program requires careful pre-program planning. The timeline necessary for program installation varies from one to two months—depending upon the extent to which the following activities have been completed.

Needs Assessment

Identification of students that are to be involved in the program should be conducted prior to program initiation. The three techniques recommended are:

1. To have the Director of Special Services provide a list of all handicapped children that should be included in the program.
2. To have the school nurse review all medical records and identify those children who have medically-oriented problems and would benefit from participation in the Developmental and Adapted (D&A) Physical Education Program.
3. To have the Director of Health and Physical Education review K-12 motor and physical fitness performance scores.

Special services referrals. Referrals for D&A involvement should be made after the "team" (comprising special services personnel, adapted physical education teacher, and the administration) deem that the children need enrichment activities. Those students that achieve educationally should be scheduled in the regular physical education program..

Referrals by the school nurse. The list compiled by the school nurse identifies students who may benefit from program involvement. The next step is to have the child examined by the school physician (if one is available), or to forward a medical excuse form to the family physician via the parent.[1]

Referrals by the director of health and physical education. While priority should be given to scheduling the mentally retarded, learning disabled, and children with medically-oriented problems, students with other special needs should be identified for placement in the enrichment program. (The terms "D&A" and "enrichment program" are used interchangeably, since the Developmental and Adapted Program is viewed as a teaching situation structured to provide physical activity experiences which will enhance the performance of all children **who cannot achieve educationally** in the unrestricted program.)

Identification procedures involve: pre- and post-testing all students in terms of motor performance (grades, K-1) and physical fitness (grades 1-12); establishing school or district norms; and using a "cut-off" score to identify those students who should be scheduled. (Many districts schedule the bottom ten percent, but the number to be scheduled depends upon the staff, facilities and available classes.)

The identification process need not include the gifted population, post-operative and convalescent students, but the administrator should be cognizant of the fact that these students can benefit from, and should be provided, opportunities for program involvement.

Identification of Teaching Station(s)

When asked why their district has not established a D&A Program, administrators usually reply that no classrooms, all purpose rooms, or sections of the gymnasium are available. However, every school has some area which can be utilized as a D&A teaching station—either a team room, a corridor, or a stage; the only requirement is that the station be removed from the mainstream of school traffic.

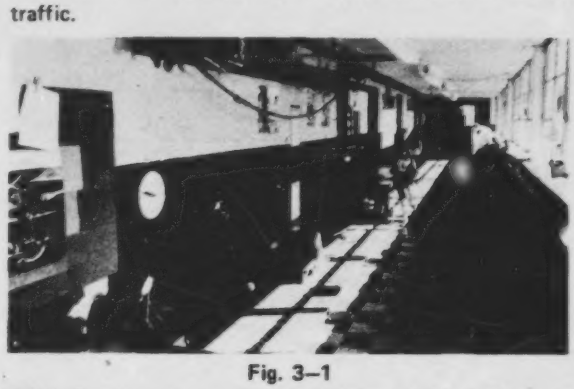


Fig. 3–1
D&A Program in a corridor. Oakhurst School. Twp. of Ocean, Oakhurst, N.J.

[1] For sample excuse forms, see Appendix A, pp. 45–48.

The size of the room depends upon the facilities available. Ideally, the station should be 30' by 60'; realistically, a sound program can be initiated in an area as small as 10' x 20'.

Fig. 3–2

A stage can be an ideal teaching station. Wanamassa School, Wanamassa, N.J.

Fig. 3–3

Or, how about removing some lockers and establishing a D&A station in a locker room? Ocean Twp. Elementary School, Oakhurst, N.J.

Staff Scheduling and Credentials

The establishment of a D&A Program requires additional personnel or more efficient utilization of existing personnel. The implementation of the ACTIVE program requires the provision of one or more teaching stations in addition to the unrestricted program; thus, the need for additional staff scheduling.

Staff scheduling. It is recommended that each school district have available one or more full-time adapted physical education teachers. The number of teachers hired would depend upon pupil enrollment, handicapped population, and available teaching stations.

Reshuffling of the schedules of existing personnel or the incorporation of the program within the structure of the self-contained classroom are strategies that can be used to adopt the program without hiring additional staff. One technique is to relieve physical educators from teacher-related duties, such as cafeteria supervision, corridor duty or playground supervision and assign them to D&A classes. Other districts have incorporated the enrichment program in their regular special education classes.

Staff credentials. A question posed by administrators is, "Who is certified to teach adapted physical education?" The State of New Jersey has no certification requirements. However, in terms of certification, the ideal teacher possesses a bachelor's degree in physical education and a master's degree in special education or adapted physical education. (In New Jersey, Montclair State College and Kean College currently offer master's degree programs whereby candidates can achieve certification in Special Education and Adapted Physical Education.)

When assigning D&A teachers, administrators should give equal consideration to the **qualifications** of the teaching candidate since many teachers who are "certified," are not "qualified." Certification indicates the teacher has taken the necessary courses for a degree, but provides no information regarding his/her ability to teach the handicapped population.

During the past five years, approximately 1,000 teachers have been trained to initiate the ACTIVE program, of whom approximately 50 percent have been teachers of the handicapped, physical therapists, school psychologists, classroom teachers, and administrators. And, in many cases, the non-physical educators have initiated exemplary programs.

Student Scheduling

Student scheduling poses many problems for the administrator. How can one incorporate another offering in an already overcrowded schedule? The answer lies in personal ingenuity and a desire to see the program established. Scheduling will further depend upon whether the students remain in self-contained classrooms (K-6) or participate in a departmentalized program (7-12).

Self-contained classrooms. Scheduling at the K-6 level, is usually assigned to the D&A teacher. His first tasks are to review the list of students identified for scheduling and to prepare a tentative teaching schedule. The next step is to meet with the teachers of every child to review the schedule and to make necessary adjustments. Finally, the total schedule should be submitted to the building principal for approval. Some "key" points to remember in scheduling are:

- Involve each parent as his child will have to be removed from the classroom setting for D&A Program involvement.
- Develop a "rotational" schedule so that no child misses the same academic subject for more than one period a week. (Table 3-1 below provides a Rotational Schedule

Plan.)

- Provide the D&A teacher with one conference period daily for contacting parents, and a minimum of one period a week for testing new referrals.

Departmentalized setting. There are two alternatives for scheduling students in grades 7-12. One procedure is to establish D&A classes in the same time slots as study halls and lunch periods. The process would be:

- Prepare the schedule of classes for the week.
- Review the schedule of each referred student and assign him/her accordingly.

This task can be obviated if the district computerizes all schedules during the summer months. The program director need only provide the Computer Center with the D&A schedule.

The other alternative is for the Director of Health and Physical Education to schedule all classes within the time slot accorded his department. This alternative seems more appropriate since the current trend is to provide one block of time for all health and physical education classes. This procedure also provides the greatest flexibility as schedules can be modified in accordance with student needs and teacher expertise.

Establishment of a D&A Council

It has been stated that the success of any venture is directly related to the degree to which those involved in

TABLE 3–1

ROTATIONAL SCHEDULE

PERIOD	TIME	MON.	TUES.	WED.	THURS.	FRI.
1	7:45– 8:20	PREP	G	M	D	J
2	8:25– 9:00	A	H	N	E	K
3	9:05– 9:40	B	I	O	F	L
4	9:45–10:20	C	PREP.	TEST	PREP.	PREP.
5	10:25–11:00	D	J	PREP.	G	PREP.
6	11:05–11:40	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
7	11:45–12:20	E	K	A	PREP.	M
8	12:25– 1:00	F	PREP.	B	H	N
9	1:05– 1:40	PREP.	L	C	I	O

GROUPS

A – Mrs. Worthington
B – Mrs. Staats
C – Mrs. Mika
D – Mrs. Suppa
E – Ms. Ostroff
F – Ms. Eiffert
G – Mrs. Stern
H – Mrs. Hurley
I – Mr. Cordrey
J – Mr. Stark
K – Mr. West
L – Ms. Lewis
M – Mrs. Gallatro
N – Mr. Long
O – Ms. Smith

the venture are included in the decision-making process. Truer words were never spoken! The prime reason for the success of the ACTIVE program has been the involvement of, and the support received from the Township of Ocean School District D&A Council.

The functions of the Council are: to monitor the program; to communicate the program's values to all school personnel and to the community; to evaluate the effectivenss of the program; and to submit reports and recommendations for program improvement. It is recommended the Council meet in October or November and in May or June. The first meeting apprises the committee of the total number of students scheduled, the number of handicapped children (by classification) involved, the other information relative to scheduling. The latter meeting provides information relative to the success of the year's effort, the problems encountered, and recommendations for consideration.

Council membership should include:

- The D&A Coordinator (who presides over all meetings and prepares agendas and reports).
- Each building principal.
- The school physician
- Each school nurse
- The Director of Special Services
- The Director of Guidance
- Each learning disability teaching consultant
- The adapted physical education teachers
- The Supervisor of Health and Physical Education

Experience has proven that each member's participation is vital to the success of the program. (Table 3-2 provides a sample Council Agenda.)

TABLE 3–2

SAMPLE COUNCIL AGENDA

TO: D&A Council Members
FROM: Dr. Vodola
RE: Fall Council Meeting

The D&A Council will hold their fall meeting on Tuesday, November 28, 1972 in the Township of Ocean High School Conference Room at 3:00 P.M. All Council members are urged to attend.

The Agenda will consist of:

1. A K–12 report re: the number of students participating in the D&A Program (by handicapping conditions).
2. A review of the D&A policy scheduling procedures.
3. The establishment of Low Physical Vitality Norms for grades 1–12, with a "cut-off" score for assigning and releasing students from D&A.
4. The establishment of Low Motor Ability Norms for grades K–2 and children with learning disabilities, with a "cut-off" score for assigning and releasing students from D&A (to be completed by January).
5. A review of the Title III Grant, "Inservice Program for Teachers of the Handicapped" with implications for our school district.
6. Other business???

Announcement: Dr. Enrique Pardon, Orthopedic Surgeon is supportive of our efforts and has graciously consented to assist us in an advisory capacity. Welcome to the Council Dr. Pardone–we welcome your support and need the guidance that can be provided by the medical profession.

D&A Council Members

Mr. Donald Vinburg, Principal
Mrs. Ruth Dallam, R.N.
Mrs. Barbara Thompson, L.D.T.C.
Mr. Joseph Palaia, Principal
Mrs. Wanda Young, R.N.
Ms. Elizabeth Brown, L.D.T.C.
Mr. John Rasp, Principal
Mrs. Joanne Ridley, R.N.
Mrs. McCarn, L.D.T.C.
Mrs. Helen Young, Coordinator L.D.T.C.
Mr. Fred West, D&A
Mr. Anthony Covino, Principal
Mrs. Edith Schmidt, R.N.
Ms. Cecilia D'Agostin, L.D.T.C.
Mr. Robert Mahon, Principal
Mrs. Helen Liebhardt, R.N.
Mr. Frank Rizzi, Guidance Director
Dr. Helen Jones, M.D. School Physician
Dr. John Malta, D.O., School Physician
Mrs. Pam Gallatro, D&A
Mr. Thomas Pagano, D&A

Public Relations Strategies

To ensure school and communtiy support of the new offering, it is essential that the administrator disseminate information relative to the purposes of the program and the values to be derived therefrom. The strategies recommended and their rationale are:

- Letters to family physicians—to describe the program and to elicit their support.
- P.T.A. presentations—to provide parents with an opportunity to view some aspects of the program so that they realize there is no stigma involved in participation.
- Assembly presentations—to make students and teachers cognizant of the importance of, and need for, program installation.
- News releases—to provide the community-at-large with an overview of the innovative program that is being added to the school curriculum.

Fig 3–4
Public relations campaign directed towards parents via a brochure.

The public relations campaign is of critical importance. Many adapted physical education programs were impeded because of prevailing misconceptions. Many physicians viewed the program as potentially hazardous because they were not familiar with the goals of adapted physical education. Parents were opposed because they believed the program would be a stigmatizing experience for their children. Teachers and students were not supportive because they were not made aware of the goals of the program and the values that could be accrued as a result of involvement. The same misconceptions still prevail today. Thus, every means of publicizing the virtues of the enrichment program should be utilized prior to implementation and should be continued on a regular basis.

Staff Inservice Program

Since the D&A Program is an integral part of the total physical education program, all staff members should be cognizant of its inter-relationship with physical education and its relationship to the total school curriculum. A staff inservice program provides the opportunity to develop the departmental unity and cohesiveness necessary to ensure the initiation of a program that will be of maximum benefit to the students involved.

The objectives of the inservice training should be twofold:

1. to train those staff members who will implement the program
2. to provide the other staff members with a detailed overview of the D&A program and their related responsibilities.

While Project ACTIVE provides the training for one or more staff members from a district so that the program can be installed, the district has the responsibility of "turnkey" training one or more staff members. The purpose of the turnkey training (i.e., the ACTIVE-trained teacher training another staff member) is to ensure program continuity in the event the original trainee leaves the district, or the district desires to expand the program.

The physical educators who are scheduled to teach in the unrestricted program should be made aware of the importance of their role. They must be thoroughly conversant with, and supportive of, the concept of providing a physical activity program geared to meet the needs of all students. They must develop empathy for, and be prepared to teach, the handicapped children who are to be mainstreamed. They should avail themselves to the adjunctive services which can be provided by the adapted physical education teacher. Probably, their most important function is to work closely with the administration and the adapted physical education staff in the dissemination of the purposes of the enrichment program and the values derived from involvement in it. Their support is critical if the program is to be accorded its proper status.

Texts, Supplies and Equipment Needs

The per pupil installation cost is a practical problem confronting potential adopters of an innovative program. ACTIVE has endeavored to minimize expenditures by designing the program in accordance with supply and equipment items which are readily available in most schools.

Texts. Regardless of whether a district adopts one program component or the entire seven components, it is recommended that one ACTIVE Model Kit be purchased for each school in the district at a cost of $52.50. It comprises eight manuals; two packets of spirit duplicating masters; and two filmstrips.

Supply and equipment needs. It is difficult to list all specific items needed because of the varying inventories existing in the adopting districts. The specific items listed are rather unique, and may not be available and should be purchased. Clustered by components, they are:

Component and Item		Cost
· Low Motor Ability		
1 tapered balance beam		
constructed		$150.00
purchased		290.00
Miscellaneous supplies	50.00	50.00
· Low Physical Vitality		No Cost
· Nutritional Deficiencies		
1 skinfold caliper		200.00
1 shoulder breadth caliper		74.90
1 metal tape		10.00
· Postural Abnormalities		
1 posture grid		
constructed		25.00
purchased		80.60
foot disinfectant and basin		25.00
· Communication Disorders		No Cost
· Breathing Problems		
1 dry spirometer		129.85
500 paper mouthpieces		31.60
· Motor Disabilities of Limitations		
1 Goniometer		20.20

Of the items listed, a district need only purchase those that are appropriate for the components adopted. Further, items specified would be sufficient to meet the needs of one school. (With the necessary program coordination, the materials could be used on an interschool basis.) The sources for procuring the supplies and equipment cited are detailed in Appendix B, which also includes "recommended" materials for those districts that have additional funds and desire to embellish their program.[1]

Medical Approval Procedures

Whenever the implementation of an adapted physical education program is discussed, the question of liability is posed. Is the teacher of the handicapped liable if he/she prescribes physical activity for a handicapped child? The answer is an unequivocal "yes." Thus, the administration must develop specific procedures related to D&A Program involvment. (It is recommended that the procedures be drafted in policy and rules and regulations format, and submitted to the board of education for approval.)

The Township of Ocean School District has conducted its D&A Program for the past ten years and has never been involved in a liability suit. The following rules and regulations have been adopted, enacted without exception, and are recommended for your consideration.

1. Children with medically-oriented problems are to be admitted into the D&A Program upon submission of a medical excuse form which includes: parental signature of permission; family or school physician's signature of permission; and the **specific** tasks or activities that are permissable. Medical excuse forms are to be processed and retained by the school nurse.
2. "Classified" children (mentally retarded learning disabled, emotionally disturbed, etc.) are to be admitted into the D&A Program upon receipt of parental approval. The determination for enrichment placement should be based on the evaluation and recommendation of the Office of Special Services. Pupil placement should be expedited by the adapted physical education teacher.
3. Children with low motor ability or low physical vitality (non-medical problems) are to be admitted to the program upon receipt of parental approval. The determination for enrichment placement should be based on the evaluation and recommendation of the Department of Health and Physical Education. Permission forms are to be processed by and retained by the student's adapted physical education teacher.

Teaching Station Preparations

Upon determination of those areas or classes that are to be modified for the adapted physical education program, the administrator should carefully plan the layout to ensure efficient use of the area. The recommended design, be it at the elementary or secondary level, should make provision for "clusters" within the station similar to a learning resource center. For example, the teaching station in the high school could include mini-stations for: low physical vitality, posture, and breathing problems. At the elementary level, the clusters are usually based on the program that is being conducted. For example, if the emphasis is on motor proficiency, the mini-stations would include areas for: gross body coordination, balance-postural orientation, eye-hand coordination, eye-hand accuracy, and eye-foot accuracy.

The administration should make provision for including the following items:

- A file cabinet—for filing individual pupil folders
- A bulletin board—for posting supplementary materials, norm charts, and testing forms
- A built-in drinking fountain (if possible)
- A full length mirror—for student self-evaluation
- A posture grid mounted on the wall— if the component has been adopted

Development of a Master Plan

The pre-program planning phase of the implementation process should culminate with the formulation of a long range master plan. It is recommended that the total program be adopted and "phased in" over a three-year period. The rationale for total adoption has practical and legal implications:

Practical—will provide the district with the capability of conducting an individualized-personalized physical

[1] See p. 49.

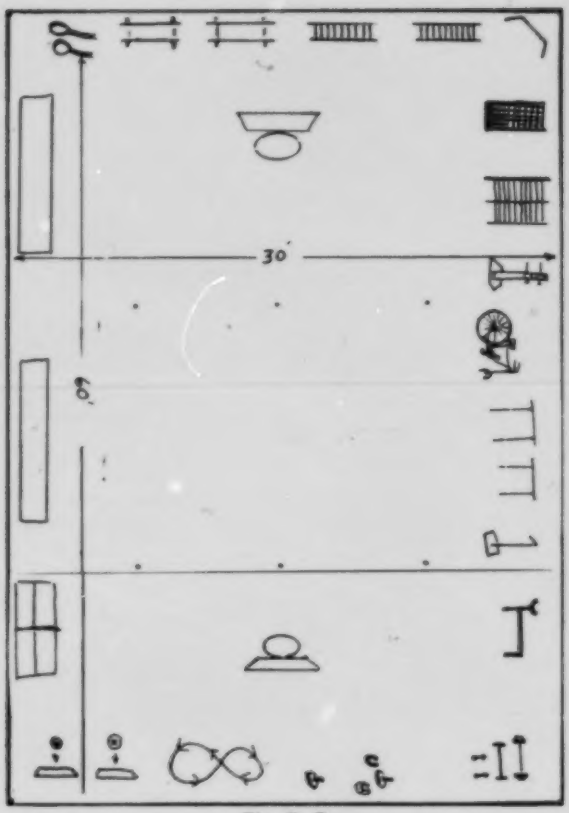


Fig. 3–5

The establishment of a mini-station within a gymnasium setting.

activity program for any handicapped child admitted to one of its schools.

Legal—provides compliance with New Jersey statutes (Chapter 212, Thorough and Efficient Education) and Federal statutes (Public Law 94-142, Education for All Handicapped Act). Table 1–1 (Chapter 1) details the relationships between ACTIVE and state and federal statutes.

The three-year transition plan provides the time necessary to effect comprehensive implementation of the total process. Guidelines for the plan are suggested below.

First year. Implementation of the Low Motor Ability and Low Physical Vitality aspects of the program are recommended as physical educators are generally competent in these areas. Primary emphasis should be placed on developing a comprehensive diagnostic-prescriptive program for all mentally retarded and learning disabled children. (Programming for the multiple handicapped child should generally be delayed until the third year.)

Second year. Postural Abnormalities, Nutritional Deficiencies, and Breathing Problems units should be introduced during phase two of the implementation process. The delay of one year provides the teachers of the handicapped with the time necessary to become conversant with the "specifics" required to establish each unit. Further, the establishment of a Board policy and rules and regulations related to the involvement of students with medically-oriented problems necessitates delayed implementation.

Third year. The final step in the total adoption process is the addition of the Communication Disorders and Motor Disabilities or Limitations components. Their incorporation in the program during year three is based on:

- Priority considerations—the number of visually or auditorily handicapped children, autistic, aphasic or orthopedically handicapped individuals enrolled in our schools is limited at the present time.
- Cognitive and affective considerations—increased teacher expertise and their ability to establish rapport and empathy for these children.

CHAPTER FOUR

PROGRAM IMPLEMENTATION

Assuming all pre-program activities and strategies have been completed, the administrator is ready to initiate the ACTIVE program. Program implementation shall be discussed in light of the following considerations:

1. What organizational plans are required?
2. What activities or strategies are required at this phase of the process?
3. What supervisory functions are necessary to enhance program success?
4. Who should supervise the program and what are their role expectations?

Due to the fact that adopter districts, or potential adopter districts, may use varied approaches to establishing their programs, the considerations cited above will be analyzed in general terms. Emphasis will be focused on program "constants" (i.e., those processes that are essential regardless of the component or components adopted). (Appendix C provides program implementation guidelines for ACTIVE adopters.)

Organizational Plan: Activities and Strategies

The success or failure of the adoption plan is directly related to the consideration given to operationalizing the program. The task is not easy—on the contrary, it is rather demanding. Slipshod planning will result in ineffectual learning. Careful planning will maximize the handicapped population's involvement in a meaningful educational program and will result in their ability to function more efficiently and effectively, within their limitations. The sub-headings cited hereafter are the major components of the organizational plan. Subsumed under the major headings, are the required tasks and strategies.

Conduct student orientation. During the first two scheduled classes, the instructor should explain, review, and complete the following procedures:

- Have students fill out all necessary forms.
- Explain the procedure that will be used for filing all individual folders.
- Discuss the rules and regulations pertaining to attendance, attire, grading (if used), and the procedure via which they will report to and leave the class.
- Review pre-activity class routine (e.g., procure folder, check body weight, and perform basic warm-up exercises).
- Meet with students and modify scheduling in accordance with individual needs (e.g., a flexible schedule may be established for the asthmatic child whereby she reports to the D&A class during those seasons when the pollen count is high and to the unrestricted program during other seasons).

Fig. 4–1

Conducting student orientation. Twp. of Ocean Junior High School, Ocean, N.J.

Gather baseline information. Individualized programming necessitates the gathering and reviewing of a variety of information in order that one may make a sound diagnosis of the educational problem(s) that exist. Procedure:

- Accumulate background information by: reviewing permanent pupil records and medical records; and by meeting with parents, the school nurse, the family or school physician, the Special Services Department, and the students.
- Administer the appropriate formal and informal test instruments. Record formative information (how the child performs the task) as well as summative information (the test score).

Diagnose pupil performance. Procedure:

- Analyze all data.
- Select alternate hypotheses as to the causes of the problem.
- Procure medical releases from the family and school physicians for those students who have problems other than motor incoordination or a low level of physical fitness.

(Appendix D provides the model format for diagnosing pupil performance.)

Plan individualized-personalized program. Procedure:

- Select the most logical approach to the educational problem.
- Procure medical prescriptions where necessary.
- Procure individual time prescriptions based on pre-test summative information (optional).
- Select or design the tasks and activities necessary to ameliorate or remediate the problem(s).
- Prepare a written prescription for each student in the program.

Implement individualized-personalized program. Procedure:

- Have each student perform his prescribed tasks and activities for a nine-week period.
- Appraise performance formatively (on a daily basis) and modify programs accordingly.

Fig. 4–2
Implementing an individual program. Twp. of Ocean Junior High School.

- Appraise performance summatively (nine-week intervals) and modify programs accordingly.
- Personalize instruction by:
  - –referring to each student by his or her first name.
  - –structuring each assignment to ensure success.
  - –providing immediate, positive feedback.
  - –providing for elective experiences within a structured environment.
  - –providing leadership as well as followship experiences.
  - –having students test each other and record their own scores (where appropriate).

Evaluate pupil performance. Procedure:

- Evaluate performance daily, at nine-week intervals, and at the end of the school year.
- Modify prescriptive programs, where deemed appropriate.
- Return those students who attain minimal standards to the regular physical education program (only those students who were scheduled for motor or physical fitness inadequacies).
- Recommend release of students with medically-oriented problems, if improvement so indicates.

Fig. 4–3
Evaluating pupil performance, Wayside School.

Supervisory Functions: Personnel and Role Expectations

The organization and administration of the enrichment program and its integration into the physical education and special education programs requires the complete cooperation of the administration and the supportive efforts of the Developmental and Adapted Council. Collectively, the Council has as its primary function the supervision of the D&A program. Specifically each Council member has the responsibility of aiding, abetting, and/or recommending modifications related to all phases of the program so that each child is provided a quality education program. The roles of the Council members are herewith delineated.

Building principals.

Primary Function

To ensure the success of the total program.

Fig. 4–4
Principal and D&A teacher discussing pupil progress. Ocean Twp. Junior High School.

Role Expectations and Responsibilities

- To be familiar with all facets of the program.
- To publicize the program through P.T.A., meetings, Administrative Council meetings, parental conferences, meetings with school staff, and other means.
- To schedule all classes.
- To observe several classes a year to ensure proper implementation and a high level of teacher performance.
- To stimulate inservice programs, when deemed necessary.
- To recommend appropriation of funds to procure necessary supplies and equipment.
- To recommend program continuation and/or expansion.

Fig. 4–5
Principal observing D&A class. Wanamassa School.

School physician.

Primary Function

To serve as the chief medical examiner for the school district.

Role Expectations and Responsibilities

- To approve all policies, rules and regulations and forms developed by D&A personnel.
- To examine all candidates for D&A programming.
- To refer all requests for admittance of children with medically-oriented problems to the family physician.
- To publicize the program and elicit the support of other members of the medical profession.

Fig. 4–6 *(Left)*
The D&A teacher screening for a potential posture program. Ocean Twp. Elementary School.

Fig 4–7 *(Right)*
School physician examining a student with a posture problem. Ocean Twp. High School, Oakhurst, N.J.

School Nurse

Primary Function

To expedite the scheduling and releasing of all handicapped students.

Fig. 4–8

The school nurse: the "hub" of a sound Adapted Physical Education Program. Wanamassa School.

Role Expectations and Responsibilities

- To conduct one aspect of the initial "needs assessment" by reviewing all health records.
- To schedule all examinations conducted by the school physician.
- To mail medical excuse forms to parents and to keep a permanent file of all approvals for program admission.
- To contact parents and family physicians as per the requests of the school physician.
- To publicize the program to elicit school-community support.

Director of special services.

Primary Function

to approve the scheduling of all "classified" students.[1]

Fig. 4–9

Director of Special Services conferring with the Child Study Team relative to pupil placement.

Role Expectations and Responsibilities

- To refer the students to the D&A teacher for testing in the motor and physical fitness areas.
- To approve of the final prescriptive programs.
- To retain a record of each child's participation in the enrichment program.
- To publicize the D&A program through special services channels.

Director of guidance.

Primary Function

To schedule or approve of the scheduling of all students in the D&A Program.

Role Expectations and Responsibilities

- To conduct an inservice program for all guidance personnel to alert them to the need for, and values of, the enrichment program.
- To computerize the scheduling of students for grades 7–12.
- To approve of the scheduling of students in grades K-6.
- Where necessary, to adjust scheduling to meet the physical activity needs of the handicapped population.
- To publicize the services provided and the values derived through parental conferences and reports.

[1] According to New Jersey Statutes, local boards of education shall provide for such diagnostic examinations as are necessary to determine the need of special education programs for pupils who manifest disabilities in one or more of the following areas: mentally retarded; visually handicapped; auditorily handicapped; communication handicapped; neurologically or perceptually impaired; orthopedically handicapped; chronically ill; emotionally disturbed; sociallly maladjusted; or multiply handicapped. Children so identified and programmed are referred to as "classified" students.

Learning disability teaching consultant.

Primary Function

To assist the adapted physical educator in preparing pupil prescriptions.

Role Expectations and Responsibilities

- To provide the D&A teachers with supportive information that will aid in prescription development (e.g., the psychological, perceptual-motor, and academic problems of the children involved).
- To serve as a resource person for the D&A teacher.
- To keep the parents and Special Services Department apprised of each child's progress in the program.

Fig. 4–10

Learning Disability Teaching Consultant discussing prescriptive program and progress of a "classified" student. Ocean Twp. Elementary School.

D&A specialist.

Primary Function

To conduct an individualized-personalized physical education program for each student admitted to the program.

Fig 4–11

The success of an Adapted Physical Education Program is directly related to the enthusiasm, dedication and knowledge of the D&A teacher. Twp. of Ocean School.

Role Expectations and Responsibilities

- To assist the Guidance Department in scheduling students.
- To test, assess, prescribe, and evaluate each student.
- To personalize instruction to ensure the enhancement of each child's self-concept.
- To prepare a diagnostic-prescriptive report for each child (to be retained in a folder).
- To secure medical releases for all handicapped children **prior to** admission to the program.
- To keep parents apprised of pupil progress through parental conferences and a parental reporting system.
- To conduct awareness sessions for the school and P.T.A., at periodic intervals.
- To provide the Supervisor of Health and Physical Education or the ACTIVE Coordinator with an end-of-the-year report which details the progress of each child in the program.

Supervisor of health and physical education or ACTIVE coordinator.[1]

Primary Function

To provide inservice, guide, assist and support the D&A staff so that they can provide a quality D&A Program for each child.

Fig. 4–12

Elementary supervisor observing pupil performance during the elective phase of the program. Wanamassa School.

Role Expectations and Responsibilities

- To conduct periodic inservice sessions.
- To prepare and distribute all organizational and administrative forms.
- To establish positive relations with the school, community, and medical profession.
- To plan and coordinate the scheduling of all students.
- To procure necessary supplies and equipment.
- To prepare or secure individual pupil time prescriptions.
- To observe each D&A teacher a minimum of three times per year.
- To analyze, synthesize, and disseminate end-of-the-year reports to the building principals, Special Services Department, the School Board, and the community.
- To prepare a D&A curriculum in conjunction with the staff.[2]
- To recommend modification, continuance, or expansion of curriculum materials.
- To "chair" D&A Council meetings.

[1] The coordinator of the D&A program should be qualified to teach adapted physical education because his prime function is to improve the growth of his staff members. In those instances where the department supervisor prossesses those qualifications, he can and should serve in both capacities.

[2] A sample course of study for D&A, grades K–8 are included in Appendix E.

Administrative Checklist

Thus far, Chapter IV has provided: guidelines for organizing and implementing the D&A program, with emphasis on the diagnostic-prescriptive teaching and learning process; and delineated the functions and role expectations of all teachers and administrators who serve on the D&A Council. This final section of the chapter provides a sequential list of administrative procedures necessary for program implementation at the beginning of the school year.

Elementary level.

1. General school orientation
   - review all facilities.
   - meet with personnel in each school (i.e., principals, nurses, L.D.T.C.'s, classroom teachers, the Child Study Team, physical education staff, and D&A personnel.
   - acquire class lists for each school.
   - acquire teaching schedules of physical education staff.

2. Specific program orientation
   - acquire list of students to be scheduled in D&A.
   - discuss program implementation procedures with staff; review individualized-personalized teaching method, program content, and evaluation procedures.
   - prepare and file individual pupil folders.
   - check and distribute supplies and equipment.

3. Developing teaching schedule
   - share D&A list with "key" personnel in each school (D&A teacher, nurse, and L.D.T.C.).
   - meet with building principal to review the general scheduling plan with reference to:
     - –type of schedule.
     - –number of periods students are to be assigned to D&A.
     - –time allotment for each class.
   - prepare a D&A teaching schedule for each school:
     - –where possible, group students by grade and classification.
     - –allot one period each week for testing new program candidates and for contacting parents.
   - establish a time allotment for each period.
   - contact parents and family physicians for approval to assign students to D&A.
   - submit proposed schedule to each building principal for approval.
   - duplicate the teaching schedule and master list of participating students and distribute to all appropriate personnel.

4. Implementing the program (D&A teachers)
   - reorganize student folders according to teaching schedules.
   - review each child's permanent and health records.
   - follow individualized instructional format (test, assess, prescribe, and evaluate):
     - –students in the program the previous years need not be tested.
     - –set-up lesson plans so that one-half of the instructional period is devoted to prescriptions to eliminate or ameliorate disabilities and one-half of the time to reinforce strengths.
     - –observe the performance of each child (daily basis) and modify prescriptions accordingly.
     - –retest each child in January; revise prescriptions or recommend program release, where indicated.
     - –send parental progress report forms home in September, January, and June.

5. End-of-the-year (D&A teachers)
   - submit list of names of all students to be scheduled the following year to the ACTIVE Coordinator:
     - –acquire parental and medical approval prior to preparing the list.

6. Scheduling and releasing students during the year (D&A staff)
   - review D&A policies. (See Appendix F for Township of Ocean D&A policies.)
   - secure and complete appropriate forms (admittance).
     - –nurse expedites for students with medically-oriented problems.
     - –D&A teacher expedites for students with motor or physical fitness problems.
   - complete and disseminate appropriate forms for recommended release:
     - –family physician makes final decision regarding release of students with medically-oriented problems.
     - –D&A teacher makes final decision regarding release of students with developmental problems.

Secondary level. (D&A teachers)

1. Scheduling students
   - procure list of names of students to be assigned to D&A from departmental chairman:
     - –report to Nurse's Office and list all study hall periods (including "split" lunch) for each student.
     - –match student availability with D&A teaching schedule and assign students accordingly.
     - –prepare student admission slips.
     - –pick up assigned students from study halls; have study hall teacher sign pass.
     - –submit list of assigned students to department chairman and guidance department.

(Above procedures are for scheduling students at the

beginning of the year. Subsequent admissions will be processed by the department chairman. Admission slips for new students will be placed in your mailbox. Upon receipt, have a D&A student go to the study hall to make the necessary arrangements for transfer.)

2. Releasing students (D&A teacher)
   - reverse the scheduling procedure.
   - forward student evaluation form and all pertinent data to the department chairman.
   - notify guidance department of release.
3. Implementing the program (D&A teachers)
   - prepare and organize student folders.
   - prepare attendance lists for each class.
   - review and discuss instructional program and D&A policies prior to program initiation.
   - test students in September, January, and June (students who were in the program the previous year need not be tested in September).
   - set-up lesson plans so that equal time is devoted to minimizing deficiences and reinforcing strengths.
   - send parental progress report form to parents in September, January, and June.
4. End-of-the-year (D&A teachers)
   - submit list of the names of all students to be scheduled to the department chairman.
   - submit detailed list of each student's accomplishments (pre- and post-test data).

   prepare and submit end-of-the-year report.

CHAPTER FIVE

POST-PROGRAM ACTIVITIES

If program implementation is considered the "heart" of the adoption process, then post-program activities can be defined as the pacemaker through which it accelerates, decelerates or dies of a myocardial infarction. In other words, post-program planning will to a great extent determine whether the school-community accepts and supports the continuation of Project ACTIVE.

The administrator is inextricably involved in all aspects of the adoption process. However, his performance at the end of the school year will determine the future of the program for the handicapped in the district. Many outstanding programs have perished because of lack of leadership at this critical phase of the process. The leader's role is extremely important because his efforts focus on "evaluation" and "communication." "Evaluation" highlights the values derived by the participating students. "Communication" provides the vehicle for conveying program accountability and relevance to the school-community. Herewith is a breakdown of the activities necessary to terminate successfully the program for the year and to plan for the forthcoming year.

Parental Reporting

Parents should be involved in the program throughout the school year, and be continually apprised of their child's progress. One technique is to hold parental conferences, at which parents should be informed as to: why their child has been recommended for involvement; the child's prescriptive program; the values that may be derived; and finally, the specific progress he/she has made. Two methods for conveying individual progress to parents are the individual pupil profile and the pupil report card:

Fig. 5–1

Parental involvement via a P.T.A. Parent-Student Program. Wanamassa School.

Individual pupil profile. One way of vividly depicting pupil progress is the progress profile chart on which is plotted the child's pre- and post-test scores. Table 5–1 provides a sample form which combines the physical fitness and motor ability components. Note that the "Anecdotal Remarks" section provides information relative to the problems encountered. It is suggested that additional remarks be included, following the post-test. The comments should relate to specific problems which have been remediated or ameliorated, and plans for subsequent programming.

Pupil report card. The parents of the Township of Ocean School District have been very receptive to the reporting system that has been developed. The report is issued: when the child has been pre-tested; when he/she is released from the D&A program; at mid-year and after post-testing. Figure 5–2 provides a sample of a report

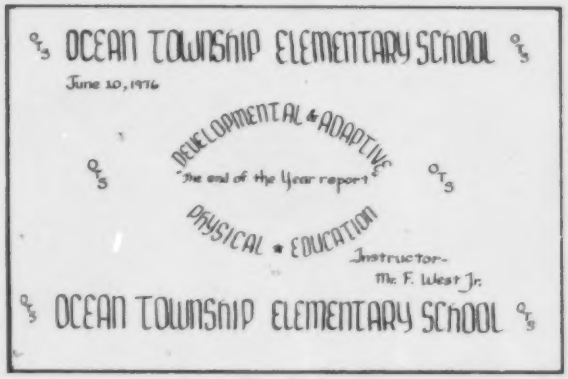


Fig. 5–2

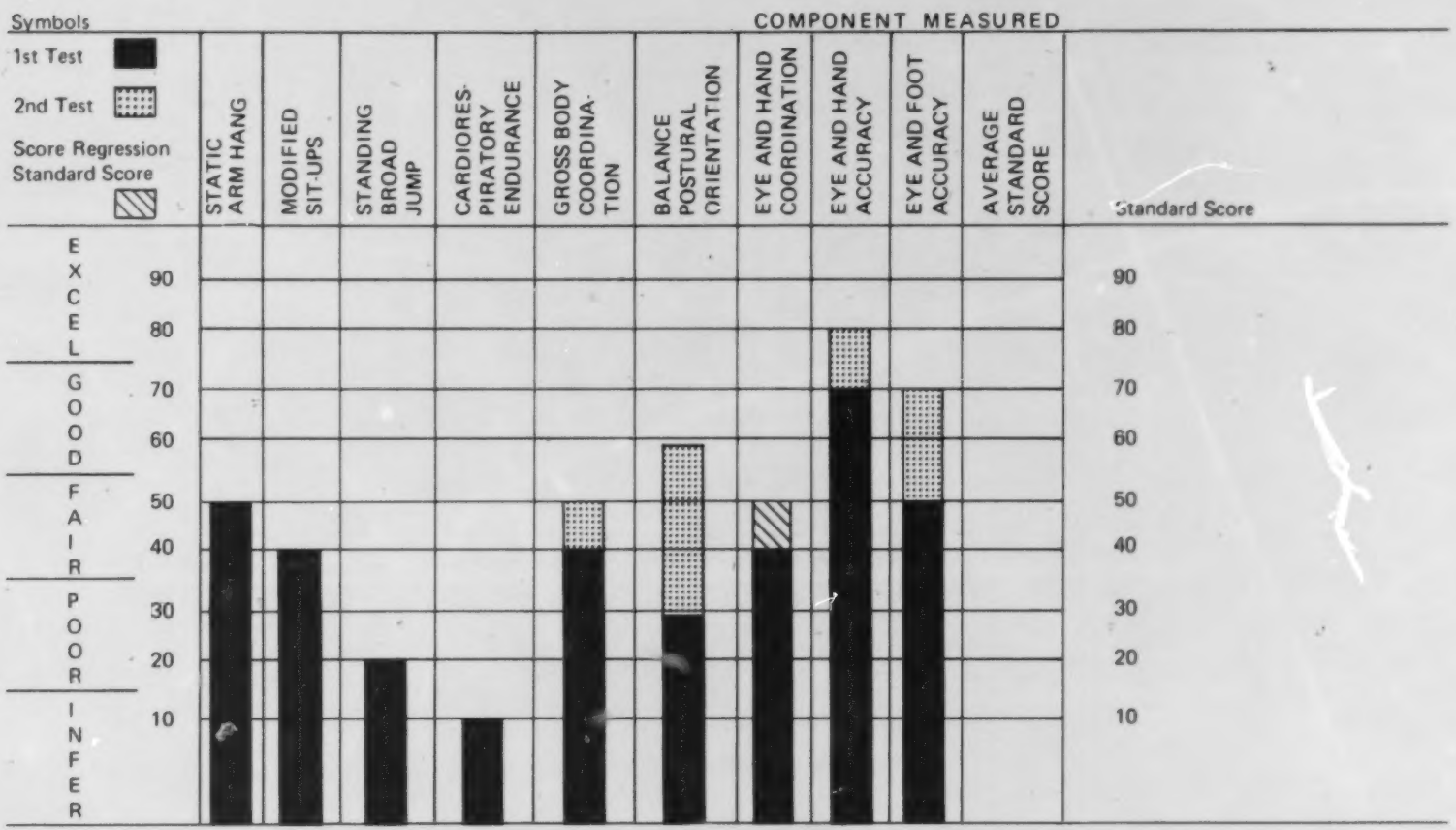
Pupil Report Card Cover

Suggested formats for relating pupil progress in motor ability and physical fitness are presented below:

TABLE 5–1

PHYSICAL FITNESS AND MOTOR ABILITY PROGRESS PROFILE (Courtesy of the Township of Ocean School District)

STUDENT'S NAME Doe (Last) Jane (First) AGE 13 CLASSIFICATION L.P.V. SCHOOL Ocean Township



ANECDOTAL REMARKS:

Difficulty with bilateral movements. Rigid gross body movements. Balancing Problem. Fearful of height. Balancing problem may be attributable to inability to align body parts in accordance with principles of center of gravity. Eye and foot accuracy needs work.

Supports body weight primarily with the right arm. Favors the right side of the body when performing modified sit-ups.

N.Y. Posture Screening Test ____ ____
Asthmatic (Vital Capacity) ____ ____
Weight Control (lbs.) ____ ____
Orthopedic (See Anecdotal Remarks) ____ ____

PUPIL REPORT CARD

Dear Parent:

The Township of Ocean Physical Fitness Test is administered twice a year in all physical education classes, grades one through twelve.

The purpose of the fall test is to identify weak areas so that activities can be prescribed accordingly. The spring test provides a basis for determining progress.

Compare your child's fall and spring scores with the District norms to determine his/her relative status and progress.

Assistance will be available by contacting the Physical Education staff in your school.

TEST PERFORMANCE

FALL	SPRING	TEST ITEMS
sec.	sec.	Flexed Arm Hang– Measures arm strength
		Situp – Measures abdominal strength
inches	inches	Standing Broad Jump– Measures leg power
sec.	sec.	200 Yard Run– Measures endurance

Please use the back of this report for comments.

BOYS

DISTRICT NORMS					
STUDENT AGE	%	ARM HAMG	SIT–UPS	STANDING BROAD	200 YD
6	75	17	29	47	42
	50	11	18	43	45
	25	7	12	38	48
7	75	24	35	51	38
	50	17	24	48	41
	25	12	16	44	44
8	75	35	50	54	37
	50	20	30	50	39
	25	12	21	45	42
9	75	33	55	56	35
	50	21	40	53	37
	25	12	29	48	39
10	75	38	71	60	33
	50	26	52	56	36
	25	16	33	50	38
11	75	51	100	63	31
	50	29	60	58	34
	25	15	45	52	36

PUPIL REPORT CARD

Dear Parent:

The Township of Ocean Motor Ability Test is administered twice a year in all physical education kindergarten classes.

The purpose of the fall test is to identify weak areas so that activities can be prescribed accordingly. The spring test provides a basis for determing progress.

Compare your child's fall and spring scores with the District norms to determine his/her relative status and progress.

Assistance will be available by contacting the Physical Education staff in your school.

TEST PERFORMANCE

FALL	SPRING	TEST ITEMS
		Gross Body Coordination
		Balance/Postural Orientation
		Eye/Hand Coordination
		Eye/Hand Accuracy
		Eye/Foot Accuracy

Please use the back of this report for comments

BOYS/GIRLS DISTRICT NORMS

STUDENT AGE	%	GBC	B/PO	E/HC	E/HA	E/FA
5	75	10	19	15	9	6
	50	8	16	13	7	5
	25	8	13	11	5	4

MOTOR ABILITY AREAS	TEST ITEMS
1. Gross Body Coordination	1. Walk, creep; climb/descend stairs; skip; and march-in-place.
2. Balance/Postural Orientation	2. Stand both feet; stand left/right foot; jump off chair; jump both feet; and hop left/right foot.
3. Eye/Hand Coordination	3. Catch ball; ball-bounce/catch; and tracking object near, far, horizontal, vertical, diagonal, and circle.
4. Eye/Hand Accuracy	4. Throw ball at target with left/right hand.
5. Eye/Foot Accuracy	5. Kick ball at target with left/right foot.

End-Of-The-Year Report:

An end-of-the-year report detailing the year's efforts should be prepared by each D&A teacher and submitted to the ACTIVE Coordinator so that he can synthesize all reports into one comprehensive document. The report should comply with the "who," did "what," "when," "where," and "how" format. Specifics recommended for inclusion are:

- Pre-post test performance scores for every student in the program (gain scores should also be included)
- Total number of students that participated in the program, listed categorically.
- Number of students that were not serviced because of staff and facility limitations.
- Number of students who made significant progress and consequently were mainstreamed.
- Number of students who were recommended for program involvement for the following year (names, grades, and classifications should be included).
- Inventory of all supply and equipment items on hand.
- Work orders for needed repairs and improvements.
- Budget request which follows a program-oriented format (i.e., items requested are to be justified in terms of deficiencies noted, or curriculum changes recommended.)
- Per pupil cost projected for the following year.
- Evidence of teacher growth (e.g., workshops attended, courses taken, articles written, etc.)
- A narrative one- or two-page summary which identifies: program strengths and deficiencies, single-most important achievement, recommendation(s) for program improvement, and any other noteworthy information.

The ACTIVE Coordinator should carefully review, edit, and synthesize all reports concluding with specific recommendations for program improvement. The final report should reflect mean or composite scores for the total district. The "dry" figures should be converted to bar graphs and/or pie charts and should be explained in terminology which can easily be interpreted by the public. Tables 5–2 and 5–3 provide illustrations used by the Project Director to present the impact of the ACTIVE training program on teachers. Table 5–4 reverses the process and provides information regarding the teachers' evaluation of the training program variables.

Presentation to the D&A Council. The primary function of the D&A Council is to oversee the total program. One of their major responsibilities is to recommend program changes to the Superintendent of Schools. Accordingly, each member should be provided a complete copy of the report; recommendations for program improvement; and a rationale for the recommendations.

The report should be distributed and explained at the last Council meeting of the year and the recommendations for program improvement reviewed. The Council evaluates all recommendations, and if deemed appropriate, drafts and submits a similar report to the Superintendent.

Presention to the superintendent and school board. The final report should be forwarded to the Superintendent of Schools with a request for permission to present an overview of the program at a Public Board Meeting. If permission is granted, the administrator should prepare and distribute a one-page abstract and stress: the number of students involved; their handicapping conditons; the benefits derived by the handicapped population; and projected plans for improving the program.

Fig. 5–3

The Superintendent of Schools, Principal and other Advisory Council members observing a D&A class. Wayside School.

Other dissemination vehicles. The success of subsequent programming will, to a great extent, be determined by the degree to which the school-community is made aware of the impact of the program on the children in the district. Other means of heightening awareness and eliciting support are:

- Providing teachers and parents with information relative to pupil gains.
- Providing presentations at staff and administrative meetings.
- Publishing newsworthy "tidbits" in school bulletins.
- Submitting articles to the news media and local radio and television stations.
- Forwarding a report to the State Department of Education.

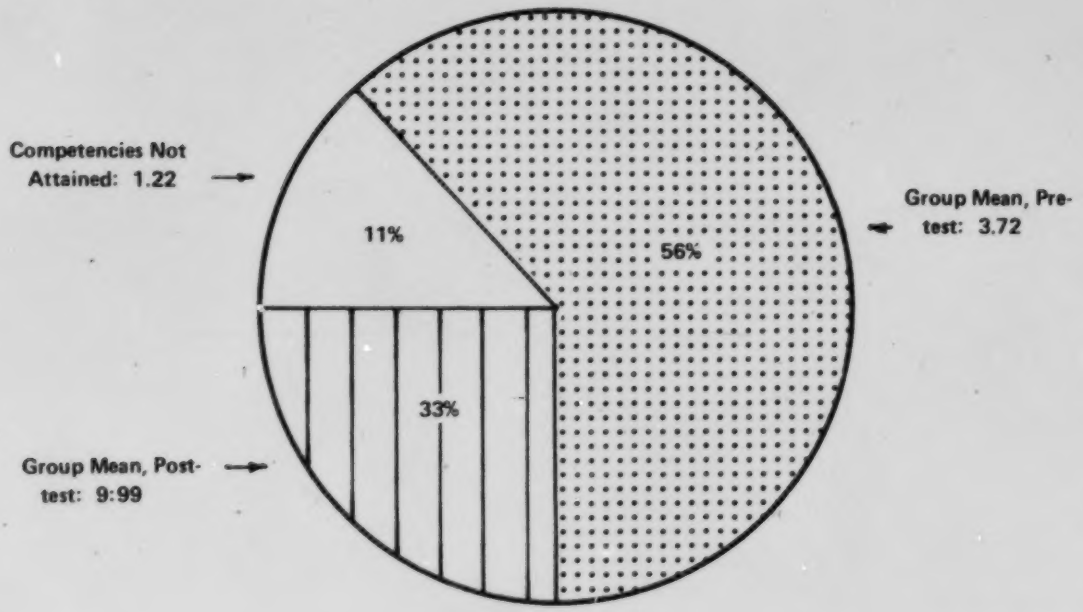
A Sample Report

To stress the importance of publicizing program outcomes and to provide administrators with guidelines for preparing a Council and Board report, one of the Project Director's reports to the Township of Ocean D&A Council is presented in its entirety.

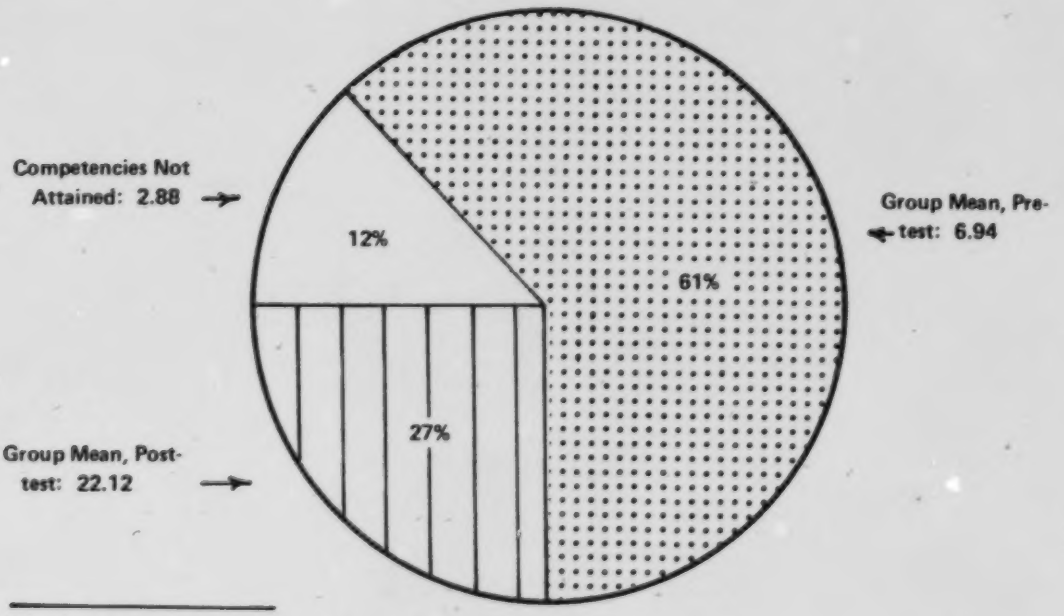
TABLE 5–2

TEACHER TRAINING PROGRAMS: NEW JERSEY EVALUATION OF TRAINEE PERFORMANCE

MINI–COURSE: PRE–POST COMPETENCY ACHIEVEMENT[1] N=3



MAXI–COURSE: PRE–POST COMPETENCY ACHIEVEMENT[2] N=3



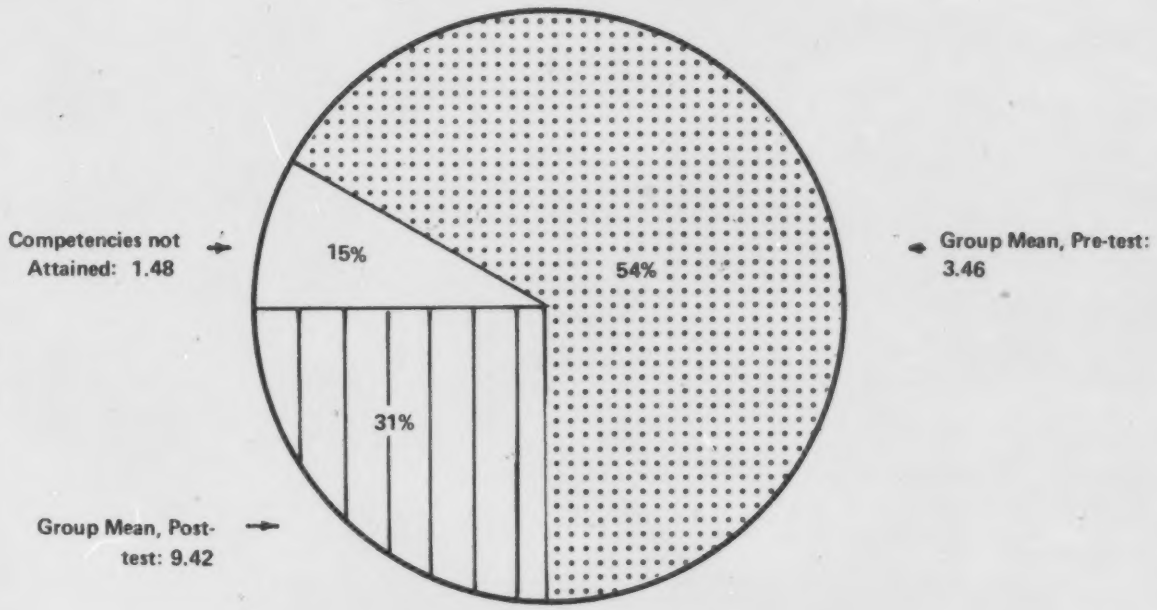
[1] Mini-course requires achievement of eleven competencies

[2] Maxi-course requires achievement of twenty-five competencies

TABLE 5–3

TEACHER TRAINING PROGRAMS: OTHER STATES
EVALUATION OF TRAINEE PERFORMANCE

MINI–COURSE: PRE–POST COMPETENCY ACHIEVEMENT N=6



MAXI–COURSE: PRE–POST COMPETENCY ACHIEVEMENT N=7

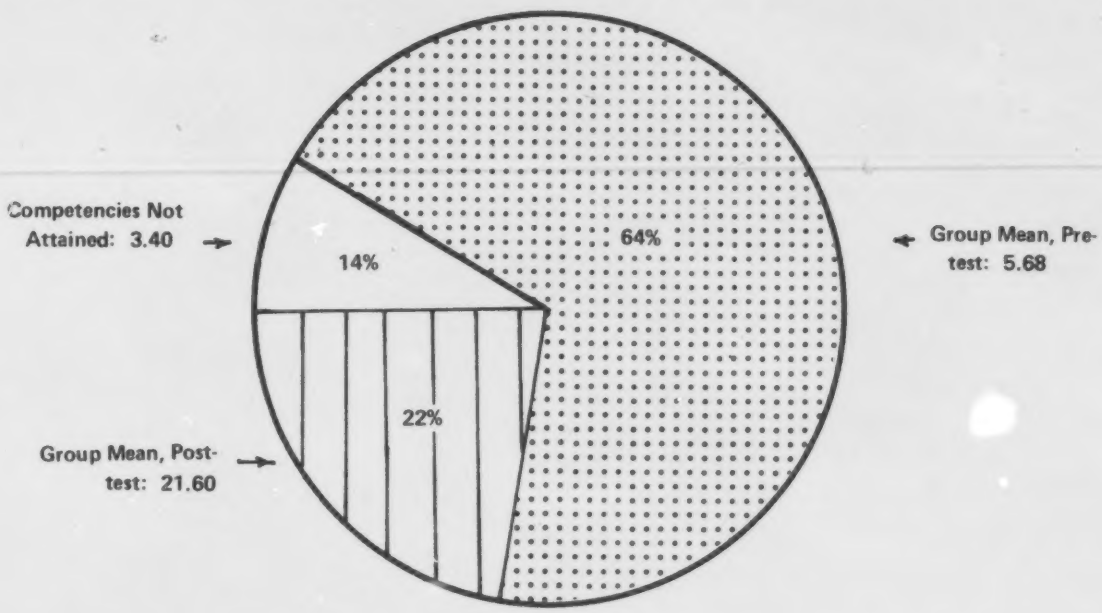
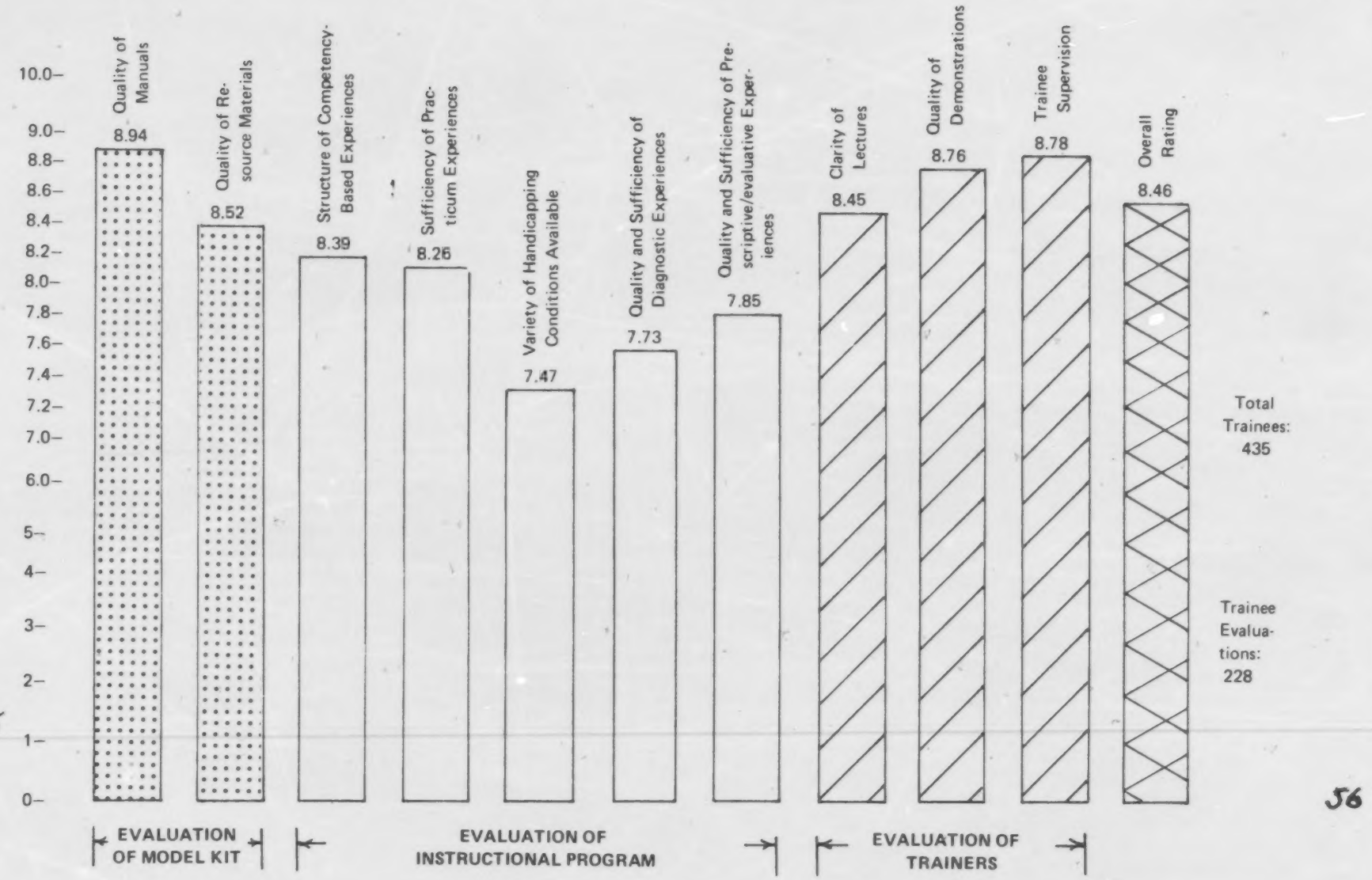


TABLE 5–4
PARTICIPANT EVALUATION OF TRAINING PROGRAMS, 1975-76



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D&A Progress Report, 1972–73

A. D&A Enrollement, 1971–73

During the past school year, there were 470 students in grades K–12 participating in our D&A program one or more days a week. Every student who was recommended for scheduling was admitted to the program subject to the following constraints: parental approval; medical approval (for medical problems); teacher-pupil ratio in the existing classes; and, scheduling limitations. Tables 1 and 2 provide a breakdown of student involvement in the 1972-73 program and a comparison of composite enrollments for 1971–73.

Analysis of the Data

1. **Persisting difficulty of scheduling students** in the program, especially in the high school due to the staggered schedule (and virtually non-existent study halls). The large total of 467 on the waiting list is partially due to the recent posture examination program conducted by Drs. Jones, Malta and Pardon.
2. **Decreasing numbers of students participating in the program** is somewhat misleading. K–8 participations have increased since 1971 despite the 461 and 367 figures reflected for 1971 and 1973 respectively because students in the elementary D&A program are presently scheduled twice a week. On the other hand, the high school enrollment has decreased dramatically. Enrollment figures for 1969 and 1970 indicated approximately 700 students were involved in the program. Since the advent of staggered scheduling, permitting students to go out for lunch and to leave school early when they have a study hall last period, our enrollment has decreased to 103 for the 1972-73 school year.

Recommendations

1. The entire high school scheduling procedures be reviewed and revised so that every student who evidences a problem can be scheduled.
2. A publicity campaign be directed toward the parents of, and students in, grades K–12, extolling the values of the D&A program. Suggested activities could be: D&A demonstration programs (such as conducted in the elementary grades this past year); releases in the school newspapers; explanations and demonstrations in each gym class, etc. Rationale: Scheduling difficulty is compounded by lack of student and parent understanding of the program and negative peer group pressure.

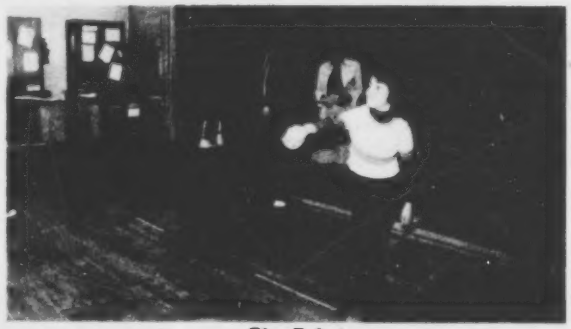

Fig. 5-4
Involvement enhances success: Special Services staff member observing program. Wayside School.

TABLE I
D&A ENROLLMENT 1972–73

School	Classified	Low Physical Vitality	Low Motor Ability	Posture	Nutrition	Medical	Volunteers	Sub-Totals	Waiting List
Oakhurst	5	2	63	17	4	2	0	93	103 (LPV–33; Posture –45)
Wanamassa	9	25	49	7	0	3	0	93	23 (LPV–16; Posture–7)
Wayside	10	5	56	0	1	5	0	77	88 (LPV–33; Posture–45)
O.T.S.	11	28	22	15	23	5	0	104	172 (LPV–71 Posture–101)
O.T.H.S.	1	54	0	6	0	8	34	103	81 (Could not schedule–45; Posture–36)
	36	114	190	45	28	23	34	470	467

TABLE 2

D&A COMPOSITE ENROLLMENT FIGURES, 1971–1973

Grade Level	1971	1972	1973
K– 8	461	587	367
9–12	397	143	103
	858	730	470

3. Assign, where possible, full-time D&A teachers at all levels. Experimentally this past year, elementary teaching schedules were structured so that as many physical educators as possible were exposed to the D&A Program; the purpose: to improve communications. However, after considering all factors, I feel that the quality of the overall program will improve if we use full-time D&A teachers.

B. **Other Reports Pending**

1. Posture Examination Program. A detailed report will be forwarded to all Council members prior to the end of school.
2. Student Achievement in the D&A Program. A detailed pre- and post-test data analysis is presently being conducted by the D&A staff and will be released at our September or October meeting. Of particular interest, will be the effects of two days of D&A per week on achievement and the number of students released from the program.
3. A list of students to be scheduled next year (by school).

C. **Title III Progress Report**

1. Explanation of Continuation Grant.
2. Distribution of June issue of the PROJECT ACTIVE Newsletter.
3. Implications for the Districtt

D. **Other Business**

APPENDICES

APPENDIX A–1

MEDICAL EXCUSE FORM

TOWNSHIP OF OCEAN SCHOOL DISTRICT
DEPARTMENT OF HEALTH, PHYSICAL EDUCATION AND DRIVER EDUCATION

Date:

Dear Parent:

Recognizing the fact that students with varied physical limitations evidence different needs, the Department of Physical Education has designed a program to afford students (post-operative, convalescent, and the physically limited) an opportunity to participate in a modified activities program. The program is not remedial or corrective, but rather a selected variety of modified games, activities, and recreational pursuits which are designed to meet the specific needs of each student. The program is determined by your family physician, or the school physician (as per your request).

It would be beneficial to your child if he or she were enrolled in one of the classes. If you concur, please sign this form, submit to the proper medical authority, and forward to the respective building principal at your earliest convenience. If you have any additional questions, please contact your student's physical education teacher.

Sincerely,

Thomas M. Vodola, Ed.D.
Director K–12

TO BE COMPLETED BY THE PARENT

I would like to have my son/daughter _____ assigned to the Adapted Physical Education Program.
(Pupil's Name)

_____
(Parent's Signature)

TO BE COMPLETED BY THE FAMILY OR SCHOOL PHYSICIAN

Nature of the illness or physical limitation _____

_____

Approximate duration of the excusal _____

Please indicate those activities you recommend the student participate in: (only those activities you recommend will be included in the student's program).

1. Postural exercises _____
2. Limited exercises _____
3. Modified games (basketball, volleyball, soccer) _____
4. Recreational activities (table tennis, shuffleboard, bowling, quoits, archery) _____
5. Weight training (modified) _____
6. Gymnastics (modified) _____
7. Rope skipping and other endurance-type activities _____
8. Rehabilitative exercises (be specific) _____

PLEASE PRINT:

Name _____
Address _____ Signed _____
Phone _____ (Physician)

APPENDIX A–2

PARENTAL CONSENT FORM (SUMMER PROGRAM)

TOWNSHIP OF OCEAN SCHOOL DISTRICT
HEALTH, PHYSICAL EDUCATION, AND DRIVER EDUCATION DEPARTMENT

DOW AVENUE, OAKHURST, N.J. 07755

Thomas M. Vodola, Ed.D.
Director, K–12

Telephone: (201) 229-4100
Ext. 260

June 4, 1974

Dear Parent:

The Township of Ocean School District is conducting an individualized developmental and adapted physical education program in grades K–8 during the summer months at the Wayside Elementary School Gymnasium on Bowne Road. The six-week program will start Monday, July 1, 1974 and terminate on Tuesday, August 13, 1974. (Note: Summer School will be closed July 4, July 5, 1974.)

Your child _____ has evidenced the following:
(Student's Name)

low physical vitality _____
poor coordination _____
postural deficiency* _____
orthopaedic handicap* _____
medical problem* _____

Referred by: _____

School: _____

*Requires medical approval by physician, plus recommended exercises or activities on school medical excuse forms.

The principal/school physician recommends special program for your child. If you have any questions about the advisability of this program, please contact your family physician. The school doctor will welcome a call from your family physician.

If you wish to have your child registered in this program, please sign below and forward to the Program Coordinator on or before June 14, 1974. The dress requirements are shorts, tee shirt and gym shoes. There will not be any charge for this program.

Transportation must be provided by the parents.

(Note: Parents registering their child should contact the Program Coordinator's Office June 24–26, 1974 for specific scheduling information.)

John Malta, D.O.
School Physician

Thomas M. Vodola, Ed.D.
Program Coordinator

_____
Parent's Signature

TMV/vgh

HE WHO DARES TO TEACH MUST NEVER CEASE TO LEARN

APPENDIX A–3

PARENTAL CONSENT FORM

TOWNSHIP OF OCEAN SCHOOL DISTRICT
HEALTH, PHYSICAL EDUCATION, AND DRIVER EDUCATION DEPARTMENT

DOW AVENUE, OAKHURST, N.J. 07755

Thomas M. Vodola, Ed.D.
Director, K–12

Telephone: (201) 229-4100 Ext. 260

Date: _____

Dear Parent:

Your child _____ has been recommended for involvement in the Developmental Physical Education due to:

_____ Low Motor Ability (Low Coordination Level)

_____ Low Physical Vitality (Low Physical Fitness Level)

With your permission your child will be scheduled two days per week (for individualized enrichment activities) in addition to participation in the regular physical education program.

The enrichment program has been planned on a rotational basis so that students do not miss the same classroom activities each week. Further, testing is repeated at nine-week intervals to assess individual progress. Upon achievement of minimal performance levels, students are released from the program. (You will be kept apprised of your child's progress.)

Thank you very much for your cooperation.

Thomas M. Vodola, Ed.D.
Director, K–12

P.S. If you desire any additional information, call the teacher cited below on _____ (days) and _____ (time).

Please return this form to: _____
Teacher's Name

_____ _____
School Address

I **do** **do not** wish to have my child _____ (Last) _____ (First) scheduled in the Developmental Physical Education Program.

APPENDIX A–4

DEVELOPMENTAL AND ADAPTED PHYSICAL EDUCATION REFERRAL FORM

TOWNSHIP OF OCEAN SCHOOL DISTRICT
DEPARTMENT OF HEALTH, PHYSICAL EDUCATION & DRIVER EDUCATION

Route to:
1. Teacher
2. Principal
3. Nurse
4. D&A Teacher
5. Return to Principal

Date: _____

Teacher Making Referral _____ School _____

Student's Name _____ (Last) _____ (First) _____ (Grade) _____ (Age) Sex ___ (M) ___ (F)

Suspected Reason for Referral (Please Check)

Developmental Problem:
- Posture _____
- *Nutritional _____
- Low Physical Vitality _____
- Motor (balance, coordination) _____

Adapted Problem (medical)
- *Orthopedic _____
- *Post-Operative/Convalescent _____
- *Other Medical _____

Additional Remarks (please explain) _____

_____

_____

_____

*to be screened by physician

DISPOSITION OF REFERRAL

To _____ Date _____

From _____

Re _____

_____

_____

_____

Copies for:
- Principal
- Teacher
- D&A Teacher
- Nurse
- Learning Disabilities Consultant
- Director of Health and Physical Education
- Office of Special Services

APPENDIX B
PROJECT ACTIVE SUPPLY AND EQUIPMENT NEEDS

To: Adopting School Districts/Agencies
From: Dr. Thomas M. Vodola, Director, Project ACTIVE
Re: Supply/Equipment Needs for Program Implementation

The appended tables provide specific information relative to supply and equipment needs for program installation. The format has been designed to facilitate the identification of items for those who are adopting or adapting one phase of the program, or the total program. The information supplied includes:

- The specific item
- Essential items needed (coded with an "N")
- The number of items needed
- Items recommended (coded with an "R")
- The unit price of each item (costs have been deleted due to constant fluctuation)
- The source of the item

The tables reflect the basic needs for implementing the program in one school. It is recommended that one set be purchased for each additional school involved. (If a district has some of the items on hand, such expenditures are obviously not needed.)

APPENDIX B (Continued
PROJECT ACTIVE SUPPLY AND EQUIPMENT NEEDS[1]

COMPONENT ADOPTED	TOTAL PROGRAM				Items Needed	LOW MOTOR ABILITY		LOW PHYSICAL VITALITY		NUTRITIONAL DEFICIENCIES		BREATHING PROBLEMS		POSTURAL ABNORMALITY		MOTOR DISABILITIES		COMMUNICATION DISORDERS	
ITEMS	N	R	COST	SOURCE		N	R	N	R	N	R	N	R	N	R	N	R	N	R
PC5026 Shoulder Breadth, Length Cal-	X			J.A. Preston Corp. 71 Fifth Avenue N.Y., N.Y. 10003	1					X									
PC5028 Large Skin-fold (Fat Caliper)	X			J.A. Preston Corp.	1					X									
PC5155 Dry Spiro-meter	X			J.A. Preston Corp.	1							X							
PC5156 Disposable Paper Mouthpieces	X			J.A. Preston Corp.	500							X							
PC5059 Flexometer		X		J.A. Preston Corp.	1														
or																			
PC5054 Plastic Goniometer (trans.)	X			J.A. Preston Corp.	1											X			
PC5022A Symmetri-graf (Posture Grid)	X			J.A. Preston Corp.	1									X					
No. 305 Stall Bars Starter Unit (optional)		X		Nissen Corp. 930 27th Ave. Cedar Rapids, Iowa	1										X				
No. 39 Wall Mounted Horizontal Ladder (optional)		X		Nissen Corp.	1										X				
or																			
Construct Horizontal Ladder (optional)		X		Maintenance Dept.	1										X				
No. 92602 Utility Playground Ball, PG8½	X			J.L. Hammett Co. 2392 Vaux Hall Rd. Union, N.J.	12	X										X			
No. 92655 Fun Balls	X			J.L. Hammett Co.	12	X										X			
Tapered Balance Beam[2]	X			Institute for Educational Development, Inc. 143 Grove Rd. So. Orange, N.J. 07079		X											X		X

[1] Contact Source for Prices.

[2] Specifications for construction are included in the *Low Motor Ability Manual*.

APPENDIX B (Continued)
PROJECT ACTIVE SUPPLY AND EQUIPMENT NEEDS

COMPONENT ADOPTED ITEMS	TOTAL PROGRAM				Items Needed	LOW MOTOR ABILITY		LOW PHYSICAL VITALITY		NUTRITIONAL DEFICIENCIES		BREATHING PROBLEMS		POSTURAL ABNORMALITY		MOTOR DISABILITIES		COMMUNICATION DISORDERS	
	N	R	Cost	Source		N	R	N	R	N	R	N	R	N	R	N	R	N	R
No. 92670 Saf-T-Ball (Plastic) No. 705	X			J.L. Hammett Co.	3	X										X			
Plastic Measuring Tape 36"	X			Local Fabric Shop				X		X				X					
White Shoe Polish (Bottle)	X			Local Supermarket	3	X		X						X		X			
No. 39170 Water Color Marking Pen, Black	X			J.L. Hammett Co.	1									X					
No. 61145 Pegboard and Pegs No. 7615 (optional)		X		J.L. Hammett Co.	6 sets		X										X		
PEC1064 Walk-On Letters	X			J.A. Preston	1 set	X													
No. 9201 Audible Ball Electronic	X			Royal Nat'l. Inst. for the Blind, 224-6-8 Portland St. London, W-1, Eng.	1													X	
No. 92663 Audi-Ball, No. AB-30 (optional)		X		J.L. Hammett Co.	1													X	
No. 1-0357 Staley Sports Field Kit (optional)				American Printing House for the Blind 1839 Frankfort Ave. P.O. Box 6085 Louisville, Kentucky 40206	1														
No. 1-0304 Portable Audible Goal Locator		X		American Printing House for the Blind	1													X	
Barbells		X		J.L. Hammett Co.	1				X		X				X		X		

APPENDIX B (Continued)
PROJECT ACTIVE SUPPLY AND EQUIPMENT NEEDS

COMPONENT ADOPTED ITEMS	TOTAL PROGRAM N	R	Cost	Source	Items Needed	LOW MOTOR ABILITY N	R	LOW PHYSICAL VITALITY N	R	NUTRITIONAL DEFICIENCIES N	R	BREATHING PROBLEMS N	R	POSTURAL ABNORMALITY N	R	MOTOR DISABILITIES N	R	COMMUNICATION DISORDERS N	R
Stopwatch	X			J.L. Hammett	1	X		X		X		X							
PEC2747A Beanbag Game		X		J.A. Preston	2												X		
PEC2747B Beanbag Set		X		J.A. Preston	1												X		
Chinning Bar	X			Nissen Corp.	2			X							X		X		X
Mats, 5' x 10'	X			Nissen Corp.	3	X		X				X		X		X		X	
No. 92882 Number 3 Fleece Balls	X			J.L. Hammett	3	X										X		X	
No. 92645 Number CT850 Endure Tetherball	X			J.L. Hammett	1	X										X			
PE4806 Walk On Number Kit	X			J.A. Preston	1 set	X													
No. 92656 Number S-630 Fun Balls	X			J.L. Hammett	12	X										X			
No. 84252 Rubber Quoit Set	X			J.L. Hammett	1 set	X													
No. 60676 Footsteps to Numbers 6076,	X			J.L. Hammett	1 set	X													
No. 92730 Jump Rope (7')	X			J.L. Hammett	6			X		X		X							
Shape O Ball		X		Tupperware Products	1	X													X
PEC2600 Doorway Chinning Bar		X		J.A. Preston	1				X									X	
PEC2766A Deluxe Safe-T-Play Batting Set		X		J.A. Preston	1		X											X	
PEC2771B Pitch Back		X		J.A. Preston	1		X												
Masking Tape		X		Local Store	6 rolls		X											X	

APPENDIX B (Continued)
PROJECT ACTIVE SUPPLY AND EQUIPMENT NEEDS

COMPONENT ADOPTED ITMES	TOTAL PROGRAM				Items Needed	LOW MOTOR ABILITY		LOW PHYSICAL VITALITY		NUTRITIONAL DEFICIENCIES		BREATHING PROBLEMS		POSTURAL ABNORMALITY		MOTOR DISABILITIES		COMMUNICATION DISORDERS	
	N	R	Cost	Source		N	R	N	R	N	R	N	R	N	R	N	R	N	R
LP6050 Coordination Skills		X		Kimbo Educational P.O. Box 246 Deal, N.J. 07723	1		X												
EA606-7 Developing Perceptual Motor Needs		X		Kimbo Educational	1		X												
EA605 Developing Body Awareness		X		Kimbo Educational	1		X										X		X
EA655 Relaxation		X		Kimbo Educational	1		X						X		X		X		X
EA657 Dynamic Balance		X		Kimbo Educational	1		X												X
EA658 Balance Beam Activity		X		Kimbo Educational	1		X												
EA656 Pre-Tumbling Skills		X		Kimbo Educational	1		X												X
LP5000 Developing Body Space Perception Motor Skills CM1056, 1058, 1079		X		Kimbo Educational	1		X										X		X
LP5000 Teaching Children Mathematics through Games		X		Kimbo Educational	1		X												
LP8060 To Move Is To Be		X		Kimbo Educational	1		X												
LP4000 Rhythmic Rope Jumping		X		Kimbo Educational	1		X		X		X		X						X
4032-34 Developing Exercises		X		Dance Records, Inc. Waldwick, N.J. 07463	1				X				X						
4008 Elementary Exercises to Music		X		Dance Records, Inc.	1		X		X				X						X
Foot Disinfectant	X			Local Drug Store	1 Gal.														

APPENDIX B (Continued) – PROJECT ACTIVE SUPPLY AND EQUIPMENT NEEDS

COMPONENT ADOPTED TOTAL PROGRAM ITEMS	N	R	Cost	Source	Items Needed	LOW MOTOR ABILITY		LOW PHYSICAL VITALITY		NUTRITIONAL DEFICIENCIES		BREATHING PROBLEMS		POSTURAL ABNORMALITY		MOTOR DISABILITIES		COMMUNICATION DISORDERS	
						N	R	N	R	N	R	N	R	N	R	N	R	N	R
LP 4000 Rhythmic Rope Jumping				Kimbo Educ.		1			X										
KIM 9071 Fun Activities FOR Perceptual Motor Skills				Kimbo Educ.		1	X												
KIM 9075 Developmental Motor Skills for Self Awareness				Kimbo Educ.		1	X												
KIM 9076 Fun Activities for Fine Motor Skills				Kimbo Educ.		1	X												
KIM 9078 Perceptual Motor Activities Using Rhythm Instruments				Kimbo Educ.		1	X												
KIM 9074 Rhythms for Basic Motor Skills				Kimbo Educ.		1	X												
KIM 9072 Adaptive Motor Learning Techniques for Children				Kimbo Educ.		1	X												
KIM 2060 Physical Funness				Kimbo Educ.		1			X										
KIM 0510 Move Along Alphabet				Kimbo Educ.		1	X												
DT 143 I'M Teaching Myself to Count Music				Kimbo Educ		1	X												
Hand Right				Motor Skills Research Inc. 712 Inverness Dr. Horsham, PA 19044		1	X										X		

APPENDIX C
ACTIVE EVALUATION DESIGN

GOAL

The goal of Project ACTIVE is to provide all handicapped children with an individualized and personalized physical activity program designed to meet their needs and strengths. For the purposes of evaluation, this goal is sub-divided according to the population affected: (1) students and (2) teachers.

STUDENT ACHIEVEMENT GOAL

Students with psychomotor skill problems who are prescribed physical activity programs commensurate with their individual needs for a minimum of sixty minutes per week will achieve motor performance scores significantly superior to students who participate in traditional physical education, plus classroom activities, or solely classroom activities during comparable time periods. (Note: Handicapping conditions are defined as: mental retardation; learning disabilities; postural abnormalities; nutritional deficiencies; breathing problems; motor disabilities or limitations; communication disorders; low motor ability; and low physical vitality.) Traditional physical education is defined as participation in individual, dual, or group games which do not consider the needs of each child.)

TEACHER PERFORMANCE GOAL

All public and private school physical educators, special educators and recreation teachers participating in the training program will demonstrate proficiency in providing individualized physical education programs for handicapped children in their respective schools; the minimum level of performance will be the demonstration of the ability to perform 80% of the competencies (20 to 25) listed in the Teacher Performance Chart.

STUDENT ACHIEVEMENT[1]

The Township of Ocean School District used a variety of instruments to measure the psychomotor skill progress of students. The instruments used to assess the performance of the handicapped population are cited below.

Instrument	Handicapped Population	Factors Measured
1. Township of Ocean Motor Ability	Mental retardation (educable), perceptual/neurological impairment, or low motor ability	Gross body coordination Balance/postural orientation Eye-hand coordination Eye-hand accuracy Eye-foot accuracy
2. Township of Ocean Physical Fitness	Mental retardation (educable), perceptual/neurological impairment, emotional disturbance, or low physical vitality.	Arm/shoulder strength Abdominal strength Explosive leg power Cardiorespiratory endurance
3. New York Posture Screening	Students with postural abnormalities	Kyphosis Lordosis Scoliosis Foot problems
4. Pryor Width–Wt. Shoulder Breadth Calipers and Skinfold Calipers and Measuring Tape	Students with nutritional deficiencies	Obesity Undernourishment Adipose tissue Muscle girth

[1] Complete descriptions of all instruments, administration directions, and scoring procedures are provided in the ACTIVE Model Kit.

APPENDIX C (Continued) ACTIVE EVALUATION DESIGN

Instrument	Handicapped Population	Factors measured
5. Dry Spirometer	Asthma, emphesema, cystic fibrosis, or other breathing problems	Vital capacity
6. Appropriate Motor Ability Items and	Motor disabilities or limitations, e.g., cerebral palsy, spina bifida or muscular dystrophy	Dependent upon disability or limitation
Appropriate Physical Fitness Items		Dependent upon disability or limitation
plus Cane/Crutch Criterion Objectives		Tasks for daily living
7. Appropriate Motor Ability Items and Appropriate Physical Fitness Items	Partially-sighted and blind	Dependent upon visual limitations
		Dependent upon visual limitations
plus Township of Ocean Kinesthetic Target-Throwing		Kinesthesis

Goal attainment requires:

1. Pre-testing all students with the instrument(s) appropriate for the handicapping conditions involved.
2. Establishing an experimental and control group by matching students on the basis of handicapping condition, age, sex, and pre-test scores (within a 5-point range). Table I illustrates the matching procedure utilized.
3. Providing the experimental group with an individualized-personalized (IP) physical activity program which:
   - Prescribes tasks that are designed to strengthen weaknesses and reinforce strengths (individual time prescriptions).
   - Utilizes teaching strategies that enhance teacher-pupil and pupil-pupil rapport.
   - Affords the students the opportunity to select activities of their own choice.
4. Providing the control group with a traditional physical education program which is game- or activity-oriented rather than student-oriented.
5. Scheduling both groups to three, 20-minute or two, 30-minute periods per week.
6. Post-testing all students at the end of a six-month period.
7. Applying the Wilcoxon Matched-Pairs Signed-Rank statistical technique to the data (or some other appropriate non-parametric design). Table I reflects the gain scores of the students in one of the ACTIVE studies and the simplicity of the Wilcoxon design.

TABLE I
ANALYSIS OF FINAL VITAL CAPACITY TEST SCORES
TOWNSHIP OF OCEAN SCHOOL/ASBURY PARK SCHOOL DISTRICTS

(T. Pagano/F. West/P. Cheney)

WILCOXON MATCHED–PAIRS SIGNED–RANK
POST TEST SCORE COMPARISONS[1]

Matched Pair	Expt. Pre	Expt. Post	Control Pre	Control Post	Difference	Rank of Difference	Ranks with Less Frequent Sign
1	1200	2800	1300	1500	1300	5	
2	1400	3200	1400	1400	1800	7	
3	1250	2900	1200	1400	1500	6	
4	2300	3000	2400	2200	800	4	
5	2000	2700	2100	2100	600	3	
6	500	1150	500	600	550	2	
7	950	1350	900	900	450	1	
Mean	1371.42		1400.00				
	2442.85		1442.85				T=00**

**Significant at the .01 level.

Abstract

Fourteen males and females, ages 6–14, who were identified by physicians as having asthma, were matched on the basis of age, sex, other handicapping conditions, and pre-test vital capacity scores (dry spirometer). Other handicapping conditions included perceptual impairment and mental retardation. The Experimental Group received 3, 20-minute D&A periods (diaphragmatic breathing exercises), plus 2, 45-minute traditional P.E. periods per week. The Control Group participated in traditional P.E. for 2, 45 minute periods, plus the regular academic program. (Inclusive dates: November 15, 1974–April 15, 1975).

To ensure the attainment of pupil gains comparable to the ACTIVE studies, consumer districts are required to:

1. Pre-test all students in the program.
2. Assess performance objectively, i.e., on the basis of individual time prescriptions.
3. Assess performance subjectively, i.e., on the basis of conferences, review of medical and academic history, and teacher observations.
4. Prescribe on the basis of objective and subjective assessments.
5. Utilize formative evaluation as an on-going process and modify prescriptions accordingly.
6. Personalize instruction via the following teaching / learning strategies:
   - Refer to each child by his or her first name.
   - Structure tasks and activities so that success is enhanced.
   - Maximize student involvement in the program, e.g., where appropriate, have them test one another, become leaders and record their own scores.
   - Reinforce strengths by providing students with an opportunity to select activities of their own choice for one-half of each period.
7. Post-test all students at the termination of the program. If the required strategies are implemented, students will achieve median gain scores which will range from 20% to 40%.

It is recommended a consumer district conduct a quasi-experimental study, such as the aforementioned, so that they can make a decision as to whether or not they should adopt the total ACITVE program; however, the study is not mandatory. (ACTIVE conducted studies which validated the IP process.)

[1] For a review of the Wilcoxon method and other non-parametric techniques the reader is referred to: Fred P. Barnes, *Research for the Practitioner in Education* (Washington, D.C.: National Education Association, 1964, pp. 86–107.

APPENDIX C (Continued) ACTIVE EVALUATION DESIGN

TEACHER ACHIEVEMENT

The Township of Ocean School District designed a criterion-referenced instrument for determining trainee attainment of competencies. The instrument consists of thirteen cognitive items and twelve psychomotor items. The item selection process was based on: observations of the handicapped population; identification of their specific needs; and finally, determination of those skills and strategies needed by teachers to ensure that they are equipped to provide a sound teaching and learning environment for the handicapped. (A couple of items related to individualizing instruction were added to the instrument.)

Cognitive item analyses were conducted three times between 1973 and 1975. The validity of the instrument was increased by eliminating inappropriate items and modifying ambiguous items. An inter-rater reliability of .90 was attained for the psychomotor items, i.e., evaluations of the psychomotor skill performance of trainees by different instructors would be similar 90 per cent of the time.

Behavioral statements of each item incorporated in the competency-based test battery are listed below. [1]

Teacher Performance Chart

The Teacher:

1. Converts raw scores to percentile scores.
2. Converts percentiles to a composite stanine score.
3. Converts stanine scores to an individualized time prescription.
4. Schedules a subject for Developmental and Adapted Physical Education.
5. Computes a subject's time prescription on the basis of standardized scores.
6. Identifies a subject's primary and secondary somatotyping characteristics.
7. Prescribes a physical activity program based on a subject's somatotype.
8. Prescribes motor ability tasks and activities on the basis of the problem(s) manifested.
9. Administers the New York Posture Screening Test.
10. Identifies a posture problem and prescribes exercises.
11. Distinguishes between a potential "structural" or "functional" curvature of the spine.
12. Determines a subject's "predicted" body weight.
13. Computes a subject's Nutritional Index.
14. Determines the Daily Caloric Intake necessary to maintain a particular body weight.
15. Determines the Daily Caloric Intake and physical activity needs to gain or lose weight.
16. Demonstrates the application of the "tension control" principle.
17. Discerns a potential visual response problem from a visuomotor response problem.
18. Demonstrates a task that incorporates perceptual, motor, cognitive and academic skills.
19. Measures a subject's vital capacity by using a dry spirometer.
20. Measures a subject's vital capacity by using the "hissing" test.
21. Determines a subject's degree of flexion and extension.
22. Determines the Strength Decrement index of a muscle or a muscle group.
23. Determines his proper crutch length.
24. Demonstrates a proper crutch-walking gait.
25. Demonstrates one technique for assessing a blind subject's kinesthetic sense.

Goal attainment requires:

1. Administering the 25-item battery to all trainees at the beginning of the first session. (The instruments are to be collected; the trainers are not to discuss any of the items. Feedback is not provided because the same instrument is to be administered at the termination of the program).
2. Trainer review of the pre-test data; rationale: to aid in the planning of subsequent instructional sessions.
3. Trainer conduct of the mini- or maxi-course offering in accordance with the guidelines in the teacher training manual and other appropriate Model Kit manuals.[2] The instructional format for presenting each competency includes:

   A lecture regarding the theory and rationale underlying the specific competency.

   A demonstration of the competency.

   Trainee performance of the competency (under the supervision of the master teacher).

   Trainer-trainee discussion regarding problems encountered.

   Trainee application of the competency in a field setting, i.e., applying the skill to students (under the supervision of the master teacher.)

   Trainer-trainee discussion regarding problems encountered and viable alternatives.

   Trainer performance of the competency until it is properly internalized.
4. Administering the test battery during the last instructional session.

The conduct of training programs which incorporate all of the aforementioned strategies will result in trainees achieving a minimum of 20 to 25 competencies.

[1] Due to the confidential nature of the Competency-Based Teacher Training Instrument, it is only available to the ACTIVE Cadre Team trainers and other teachers who are utilizing the instrument for turn-key training.

[2] Mini-course offerings are shortened versions of the total training program which have been modified in accordance with the needs of the trainees (consisting of 6, 4-hour rather than 10, 4-hour sessions.

APPENDIX C (Continued) ACTIVE EVALUATION DESIGN

PROJECT ACTIVE

Pre-Test Post-Test Competency Data Form (Item Analysis)

Educational Level

P–paraprofessional (2 yrs. or less)
U–undergraduate (3-4 yrs., degree program
G–graduate (beyond baccalaureate)

Certification

P.E.–Physical education
S.E.–special education
Rec.–recreation
O–other (specify)

Circle one	Circle one	Circle one	Circle one	Circle one	Circle one	Circle one	Circle one
P.E.	P	P.E.	P	P.E.	P	P.E.	P
S.E.	U	S.E.	U	S.E.	U	S.E.	U
Rec.	G	Rec.	G	Rec.	G	Rec.	G
O _____		O _____		O _____		O _____	
Subject No. _____		Subject No. _____		Subject No. _____		Subject No. _____	

Cognitive	Cognitive	Cognitive	Cognitive
1 _____	1 _____	1 _____	1 _____
2 _____	2 _____	2 _____	2 _____
3 _____	3 _____	3 _____	3 _____
4 _____	4 _____	4 _____	4 _____
5 _____	5 _____	5 _____	5 _____
6 _____	6 _____	6 _____	6 _____
7 _____	7 _____	7 _____	7 _____
8 _____	8 _____	8 _____	8 _____
9 _____	9 _____	9 _____	9 _____
10 _____	10 _____	10 _____	10 _____
11 _____	11 _____	11 _____	11 _____
12 _____	12 _____	12 _____	12 _____
13 _____	13 _____	13 _____	13 _____

Psychomotor	Psychomotor	Psychomotor	Psychomotor
1 _____	1 _____	1 _____	1 _____
2 _____	2 _____	2 _____	2 _____
3 _____	3 _____	3 _____	3 _____
4 _____	4 _____	4 _____	4 _____
5 _____	5 _____	5 _____	5 _____
6 _____	6 _____	6 _____	6 _____
7 _____	7 _____	7 _____	7 _____
8 _____	8 _____	8 _____	8 _____
9 _____	9 _____	9 _____	9 _____
10 _____	10 _____	10 _____	10 _____
11 _____	11 _____	11 _____	11 _____
12 _____	12 _____	12 _____	12 _____

Note: Record "P" for pass and "F" for fail.

APPENDIX C (Continued) ACTIVE EVALUATION DESIGN PROJECT ACTIVE

Pre-Test Post-Test Competency Date Form (Composite Analysis)

Educational Level: _____ Certification: _____ Date: _____

SUBJECT NO's.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	No. Passed	No. Failed	% Passed
Cognitive																								
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
Sub Total	P / F																							
Psychomotor																								
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
Sub Total	P / F																							
Total	P / F																							

APPENDIX D

DIAGNOSTIC–PRESCRIPTIVE ANALYSIS OF MOTOR PERFORMANCE: AN EXAMPLE[1]

PROJECT ACTIVE 6/67

ATYPICAL PATTERNS	CORRECT PATTERNS	SUGGESTED TASKS/ACTIVITIES	RATIONALE
	GROSS BODY COORDINATION: WALKING		
1. Advances right leg/right hand and/or left leg/left hand.	1. Advances opposite hand/leg.	1. "Simon Says" mimicking other tasks involving bilaterality.	1. Develop coordination, alternation, and use of all four limbs.
2. Leads with one side of body.	2. Alternates sides rhythmically.	2. Tasks involving bilaterality.	2. Same as No. 1 above.
3. Jars or lands with a heavy step. Hits one foot with other foot.	3. Extends straight supporting leg. Transfers weight fluidly.	3. Stepping stones–type activities; walking on toes.	3. Develop awareness of different body strides and body weight.
4. Sways markedly; bends forwards/leans backward.	4. Walks in a straight line in an upright position.	4. Line- and beam-walking with beanbag on head.	4. Establish kinesthetic feeling of proper body alignment.
	GROSS BODY COORDINATION: CRAWLING		
1. Avoids using all four limbs.	1. Uses all four limbs.	1. Climbing tasks	1. Develop/coordinate use of all limbs.
2. Leads with one side: moves arm/leg same side jointly.	2. Moves limbs alternately and in opposition.	2. GBC tasks No. 8, Directional Creeping and No. 7, Creeping with Handprints.	2. Establish bilateral movement patterns.
3. Moves in a circular pattern.	3. Moves forward and points hands forward.	3. GBC task No. 7, Creeping with Handprints.	3. Develop awareness of space and directionality.
	GROSS BODY COORDINATION: CLIMBING/DESCENDING STAIRS		
1. Advances foot to foot on each step.	1. Advances foot over foot.	1. Shorten height of risers (steps).	1. Problem is frequently due to the fear of height.
2. Advances right hand/right foot and/or left hand/left foot.	2. Moves limbs alternately and in opposition.	2. GBC Task No. 13, Climbing Stairs.	2. Develop coordination, alternation, and use of all four limbs.

[1] Institute for Educational Development, Inc. *Learning Through Activity Program* (South Orange: I.E.D., 143 Grove Road, South Orange, N.J. 07079), 1976

APPENDIX D (Continued) DIAGNOSTIC–PRESCRIPTIVE ANALYSIS OF MOTOR PERFORMANCE: AN EXAMPLE

ATYPICAL PATTERNS	CORRECT PATTERNS	SUGGESTED TASKS/ACTIVITIES	RATIONALE
	GROSS BODY COORDINATION: CLIMBING/DESCENDING STAIRS		
3. Needs support.	3. Walks unsupported.	3. Shorten height of risers and provide physical support.	3. Decrease task difculty to eliminate fear.
4. Movements are jerky; exhibits poor body balance.	4. Moves evenly/rhythmically; keeps body well-aligned.	4. Walking up and down ramps, steps, and inclines with beanbag on head.	4. Develop the ability to posturally orient the body in different positions.
	GROSS BODY COORDINATION: SKIPPING		
1. Does not exhibit "true" skip.	1. Combines step, then hop.	1. Apply part-whole method.	1. Break task down to its simplest parts.
2. Skips one side only	2. Alternates use of feet.	2. Alternation: hopping/leaping.	2. Develop pattern of alternately shifting body weight.
3. Crosses feet in front of body; moves in varying directions.	3. Moves evenly and rhythmily in a direct or straight path.	3. Stepping and hopping on grid.	3. Provide visual cues.
	GROSS BODY COORDINATION: WALKING		
1. Tends to favor left and/or right side of body.	1. Performs in a smooth, even manner.	1. GBC task No. 14, How Many Ways Can We Walk?	1. Provide a variety of walking experiences.
2. Demonstrates no semblance of cadence.	2. Keeps cadence with slow, audible sounds (one clap per second).	2. Apply part-whole method, e.g., verbalize, clap hands, then integrate.	2. Make tasks as simple and concrete as possible.
3. Keeps cadence irrhythmically.	3. Keeps cadence with fast, audible sounds (two claps second); varies cadence in conformance with varying tempo.	3. Vary tasks involving integration of auditory/motor cues.	3. Varied audio-motor tasks will enhance rhythmical performance.
	BALANCE–POSTURAL ORIENTATION: STAND BOTH FEET		
1. Maintains slumped posture.	1. Stands erect with all body parts aligned.	1. Upright with back to wall.	1. Develop kinesthetic feel of proper body alignment.
2. Places feet in a "toed out" or "toed in" position.	2. Keeps feet parallel.	2. Walking on footprints; walking on a supinator board.	2. Stretch tightened muscle groups.
3. Keeps weight more on one foot.	3. Shifts weight evenly and equally.	3. GBC task No. 14, How Many Ways Can We Walk?	3. Varied experiences shifting body weight.

	BALANCE–POSTURAL ORIENTATION: STAND RIGHT OR LEFT FOOT		
1. Loses balance, eyes open and/or closed.	1. Maintains balance, eyes and/or closed.	1. BPO task No's 2–7–eyes opened, followed by eyes closed.	1. Provide experiences from the simple to the complex.
2. Fails to use arms and/or legs to aid balance.	2. Uses extremities to maintain balance.	2. BPO task No's 9 and 14.	2. Experiences involving use of extremities to aid balance.
	BALANCE–POSTURAL ORIENTATION: JUMPING FEET STAGGERED OR PARALLEL		
1. Fails to use backward arm-swing and bent legs.	1. Swings arms backward as knees bend.	1. Use of mimetics–flex knees, extend arms back, then integrate.	1. Simple to complex experiences.
2. Fails to use forward arm swing and leg extension.	2. Swings arms forward as legs extend.	2. Use of mimetics–extend knees, extend arms forward, then integrate.	2. Simple to complex experiences.
3. Fails to demonstrate requested two-foot takeoff pattern.	3. Demonstrates two-foot takeoff, feet staggered and parallel.	3. Mimetics of proper foot positions; start jumping at floor level.	3. Fear of height may be cause of failure to execute.
4. Maintains balance on landing, with knees flexed and arms forward.	4. Loses balance on landing, with knees "locked."	4. Use of mimetics–flex knees, extend arms sideward, then integrate. Vary jumping height. BPO task No. 15.	4. Simple to complex experiences.
	BALANCE–POSTURAL ORIENTATION: HOPPING LEFT OR RIGHT FOOT		
1. Unable to hop.	1. Takes off on left or right foot and lands on same foot.	1. Use aide or chair to assist in hopping; touch designated leg, if necessary	1. Skill mastery will be accomplished sooner if assistance is provided.
2. Hops rigidly.	2. Bends ankles and hips.	2. Demonstration and replication of ankle/hip flexion/extension. Walk/hop on toes/heel.	2. Awareness of correct position will enhance mastery.
3. Unable to hop in all directions.	3. Hops forward, rearward, and sideward.	3. BPO task No. 10, Ladder Walk–vary task to Ladder Hopping.	3. Provide variety of hopping experiences.
4. Hops only on one foot.	4. Hops alternately, upon request.	4. Alternation practice; i.e., alternately hopping L, R, L, etc. Use floor patterns if necessary.	4. Need to practice transferring body weight from one side of body to the other.

APPENDIX D (Continued) DIAGNOSTIC–PRESCRIPTIVE ANALYSIS OF MOTOR PERFORMANCE: AN EXAMPLE

ATYPICAL PATTERNS	CORRECT PATTERNS	SUGGESTED TASKS/ACTIVITIES	RATIONALE
	EYE–HAND COORDINATION: CATCHING		
1. Unable to catch ball with both or either hand.	1. Catches with both or either hand.	1. Ocular pursuit tasks; tasks involving eyes "steering" hands, e.g., EHC task No. 2. Playing with Balloons and No. 4, Taping Whiffleball.	1. Inability to catch may be due to inability to "track" an object.
2. Catches ball against body or in a rigid manner.	2. Lessens impact upon catching ball; displays proper hand position.	2. Use of mimetics for catching high/low throws; EHC task No. 3	2. Varied catching experiences.
3. Exhibits difficulty catching throws of different velocities.	3. Handles easy and hard throws with no difficulty.	3. Assign tasks which vary size, composition, and velocity of the object.	3. Increase visual and tactile sensations.
	EYE–HAND COORDINATION: THROWING		
1. Throws without swinging and/or pushing motion.	1. Propels objects with swinging and pushing motion.	1. EHC task No. 1, Lead-up for throwing.	1. Excellent "striking" task which is transferable to "throwing."
2. Uses only left side or right side when throwing.	2. Throws in opposition, i.e., use of opposite arm and leg.	2. EHC task No. 3, Tapping and Catching a Whiffelball. Stress use of alternate hands.	2. Varied experience in bilateral coordination.
3. Throws with arms only.	3. Completes throwing motion with push off rear foot.	3. Use of mimetics with emphasis on final pushoff rear foot, i.e., right foot for right-handed individual.	3. Proper execution will increase impetus given to object.
4. Inability to vary throwing pattern.	4. Exhibits underhand, overhand, and sidearm throwing patterns.	4. Provide experiences that require the use of the various patterns.	4. Variations will develop proficient throwing patterns rather than a discrete skill.
	EYE–HAND COORDINATION: TOUCH AND BAT OBJECTS		
1. Loses "eye contact" with stationary and/or moving object.	1. Maintains "eye contact" with object.	1. EHC task No. 4, Tapping Whiffleball.	1. Strengthening visuomotor responses.
2. Inability to touch or strike a stationary and/or moving object with hand and/or extension of hand.	2. Touches or strikes a stationary and moving object with hand or extension of hand.	2. Scope and sequence whiffleball tasks from simple to complex.	2. Structure experience so that success is attained at each level.

3. Uses same arm and leg when striking.	3. Uses arm and leg in opposition when striking.	3. EHC Task No's. 1, 5-6.	3. Develop correct "striking" patterns rather than a discrete skill.
4. Swings only with arms.	4. Exhibits body rotation and wrist follow through.	4. Use of mimetics with emphasis on proper transfer of body weight and follow through.	4. Proper execution will increase impetus given to ball.
	EYE–HAND ACCURACY: THROWING FOR ACCURACY		
1. Unable to throw in all directions.	1. Throws forward, left, right up, and down.	1. EHA task No's. 2-5.	1. Develop eye accomodation, depth perception and directionality.
2. Inability to strike a stationary target (40"x60") at 4 feet.	2. Strikes a stationary target (40"x60") at any distance up to 12 feet.	2. EHA task No. 8, Throwing at Targets.	2. Use of colorful, attractive targets may motivate students to improve performance.
3. Inability to throw object through a moving object at 4 feet (tire).	3. Throws objects through a moving target (tire) at any distance up to 12 feet.	3. EHA task No. 5, Group and Team Games: Throwing at a Target.	3. Provide skill development in a game situation.
	EYE–FOOT ACCURACY: KICKING		
1. Kicks with stiff leg.	1. Swings leg from hip.	1. EFA task No. 2, Wall Spot Touching.	1. Emphasize knee flexion/extension and hip follow through.
2. Kicks one side only.	2. Kicks in opposition.	2. "Dribbles" ball by alternately kicking with left and right foot.	2. Improve leg alternation and coordination.
3. Does not use backswing and follow through.	3. Uses prepatory backswing and follow through.	3. EHA task No. 10, Kick Suspended Ball; also No. 11, Punt Ball in Air.	3. Tasks are difficult to perform without appropriate backswing and follow through.
4. Miskicks stationary or moving ball.	4. Makes solid contact with stationary or moving ball.	4. EHA task No's. 4–5, 12, 15–16.	4. Provide a variety of eye-foot kicking experiences.
5. Inability to strike a stationary target at 4 feet.	5. Strikes a stationary target at any distance up to 12 feet.	5. EHA task No's. 6, 9.	5. Develop the ability of the eyes to "steer" the feet in the performance of a task.

APPENDIX D (Continued)

DIAGNOSTIC–PRESCRIPTIVE ANALYSIS OF MOTOR PERFORMANCE
TOWNSHIP OF OCEAN SCHOOL DISTRICT
ACTIVITY ANALYSIS PRESCRIPTION FORM

PROJECT ACTIVE 8/76

NAME: _____ SCHOOL: _____ SEX: _____ DATE: _____

AGE: _____ I.Q.: _____ MENTAL AGE: _____ CLASSIFICATION: _____ SOMATOTYPE: _____ CLASSROOM TEACHER: _____

PSYCHOLOGICAL–SOCIAL PROBLEMS[1]	RECOMMENDED TEACHING/LEARNING TASKS, ENVIRONMENTAL STRUCTURE	RATIONALE
Hyperactivity: the constant manifestation of excessive motor activity.	Relaxation exercises, i.e., tensing and relaxing major muscle groups. Deceleration of neural impulses: performing tasks at full speed, 3/4 speed, 1/2 speed, 1/4 speed, and as slowly as possible.	Develop an awareness of various states of readiness so that the learner can better control involuntary movements.
Perseveration: the inability to volitionally cease the performance of the same act repeatedly.	Variation of prescribed tasks and activities to stimulate the acquisition of new skills. Teacher guidance and assistant to ensure mastery.	Theorists contend that those who perseverate do so because they are apprehensive of the unknown and gain comfort in performing that which they can achieve.
Distractibility: the limited ability to concentrate on the task at hand due to distractions caused by external stimuli.	Environmental structure to minimize distractible tendencies Mastery learning of simple, uncomplicated skills before proceeding to the more complex. Performance of relaxation exercises. Task prescriptions which increase "attention span," e.g., tasks involving serialization.	Distractibility induces a "failure syndrome" which is attributed to a child's inability to block out extraneous, external stimuli. Concentration will enhance successful skill performance.
Dissociation: the inability to integrate basic data into "meaningful wholes."	Use of whole-part-whole method of teaching, i.e., demonstration of the whole task, performance of the discrete task skills, performance of the total task. Task performance which requires the filling in of a missing "link."	Process application should diminish "closure" problems.
Figure-ground Disturbances: Negative self-image; a feeling of inadequacy attributable to a constant frustration caused by an inability to achieve even the simplest of tasks and ostracization and rejection by peer group members.	. Task structure to ensure success regardless of ability level. . Positive reinforcement of the most minute accomplishments. . Reference to each child by his or her first name. . Self recording of scores (if possible) to provide concrete evidence of progress. . Use of student aides in the program to dispel many of the misconceptions regarding the handicapped and to engender empathetic relations. . Integrating the handicapped child in with the normal school population, where educationally sound.	Most handicapped children are frustrated due to constant failure and thus manifest a "defeatist attitude." By incorporating the suggested strategies and experiences it is anticipated each child's image will be positively enhanced and he or she will be motivated to try harder and consequently improve overall performance.
MOTOR–PHYSICAL PROBLEMS		
Endomorphs: an excess of adipose tissue.	. Aerobic-type exercises, i.e., tasks that are demanding in terms of the cardiorespiratory system. . Establish realistic activity and performance goals.	. Increased physical activity will counteract excesses related to caloric intake . Excess weight limits one's performance level.
Ectomorph: thin, angular body structure with a minimum of adipose tissue.	. Activities which stress the development of muscular strength rather than muscular endurance.	. Emphasis should be placed on increasing rather than further reducing body mass.

[1] Thomas M. Vodola, Chapter 7, "Physical Education for the Handicapped: A Neglected Approach," in *Handbook on Learning Disabilities*, Robert E. Weber, Editor (Englewood Cliffs, N.J.: Prentice-Hall, Inc. 1974) pp. 145, 148–150.

APPENDIX E

COURSE OF STUDY: D&A GRADES, K-8

TOWNSHIP OF OCEAN SCHOOL DISTRICT

DEPARTMENT OF

HEALTH, SAFETY AND PHYSICAL EDUCATION

DEVELOPMENTAL AND ADAPTED PHYSICAL EDUCATION

JANUARY 1970

By

Dr. Thomas M. Vodola, Program Director

I. DEVELOPMENTAL PHYSICAL EDUCATION

A. Definition

Developmental physical education is that phase of the total program that has been designed to modify the physical activity program commensurate with the needs of those students evidencing motor/perceptual problems, postural deficiencies, or nutritional abnormalities.

B. Specific Objectives

1. The student can attain a minimum average standard score of 40 on the Motor/Perceptual Test Battery (with no single component score less than 10), or a score that is satisfactory in terms of his somatotype.
2. The student can attain a minimum score of 70 on the New York Posture Screening Test (with no single component score of 1).
3. The student's predicted body weight is less than 20% below, or above his body weight.
4. The student can name and/or list his areas of weakness in terms of specific motor/perceptual factors, postural deficiencies, or nutritional abnormalities.
5. The student can perform his p escribed exercises, or motor/perceptual tasks correctly.
6. The student can name and/or list those activities in which he can achieve reasonable success.
7. The student reflects an increasingly positive attitude toward physical activity as evidenced by a pre- and post-test on the Wear Attitude Inventory.

C. Course Content

1. Motor/perceptual test battery

a. motor test items	attempts	components measured
walking	2	gross body coord.—bilaterality
creeping	2	gross body coord.—bilaterality
climbing stairs	2	gross body coord.—bilaterality
skipping	2	gross body coord.—bilaterality
marching-in-place	2	gross body coord.—bilaterality
stand both feet, arms extended, eyes closed (15 seconds)	2	gross body balance—kinesthesis
stand right foot, arms extended, eyes closed (15 seconds)	2	gross body balance—kinesthesis
stand left foot, arms extended eyes closed (15 seconds)	2	gross body balance—kinesthesis
jump, one foot leading—hold	2	gross body balance—static
jump, both feet—simultaneously hold	2	gross body balance—static
hop right foot, three hops	2	gross body balance—dynamic
hop left foot—three hops	2	gross body balance—dynamic
hop both feet—three hops	2	gross body balance—dynamic
tapered balance beam	2	gross body balance—dynamic/static
catch—bounced ball	3	eye/hand coordination
catch—ball in air	3	eye/hand coordination
touch ball swinging laterally—hand on shoulder	3	eye/hand coordination
touch ball swinging fore/aft hand on hip	3	eye/hand coordination
bat swinging ball with hand	3	eye/hand coordination
bat swinging ball with bat	3	eye/hand coordination
basketball throw—right hand	3	eye/hand accuracy
basketball throw—left hand	3	eye/hand accuracy
soccer kick—right foot	3	eye/foot accuracy
soccer kick—left foot	3	eye/foot accuracy

b. perceptual/motor test items	attempts	components measured
draw circle (36 months)	1	directionality
draw two circles (simultaneously)	1	directionality
draw two vertical lines	1	laterality
connect two "X's"	1	laterality
draw a cross (48 months)	1	directionality
draw a square (48 months)	1	directionality
draw a triangle (60 months)	1	directionality
draw a segmented square (84 mos.)	1	directionality
draw a horizontal square (84 mos.)	1	directionality

2. Prescription chart of motor/perceptual skills or activities

a. gross motor skills	gross motor activities
crawling	crawling through tunnel
skipping	"follow the leader" rope skip
hopping	bunny hopping
jumping	vertical/standing broad jump, cable jump
throwing underhand	bean bag toss
throwing overhand	bean bag toss
pushing	
pulling	"tug of war"
lifting	weight training

b. hand/eye skills	hand/eye activities
bat stationary ball w/hand	"keep up"—balloon, tetherball
bat moving ball w/bat	batting swinging whiffleball, table tennis
bat stationary ball w/bat	"bat softball off tee" into net
catching a rolling ball	catch ball bouncing off wall
catch a bounced ball	catch ball with partner, pick up "jacks"
catch a thrown ball	catch ball with partner, kickball
dribble a ball	dribble relays—basketball, volleyball
c. foot/eye skills	foot/eye activities
kick stationary ball	kick ball against wall, "kickball'
Kick rolling ball	dribble race
instep kick	wall-kicking, goal kicking
pass ball, inside/outside of foot	passing drills in set formations
trap ball w/sole of foot	goal line soccer
drop kick	drop kick—distance and accuracy
punt ball	punt—distance and accuracy
pick up ball w/feet—stationary and rolling	game of speedball
d. balance and posture skills	balance and posture activities
walking (observe cross pattern)	walk a straight, curved line, beam
walk forward, backward, sideward, toe-heel	walk geometric patterns on floor
stand—right foot, left foot, both feet (eyes closed, open)	stork stand, t-scale, etc.
hopping—one, both, alternate feet	relay races, hopping in and out of tires, Bass Balance Test, stepping stones
forward, backward rolls	mat relays
jump from bench and balance	diving forward rolls
head/hand balance (tripod position	"Who can maintain balance longest?"
squat, forearm, hand balance	"Who can maintain balance longest?"

e. hand/eye accuracy activities
- quoits, horseshoes, shuffleboard
- archery, bowling, clock golf
- serving tennis, volleyball, paddle ball
- bat softball into right, center and left field
- basketball accuracy throw at target
- basketball shooting drills—lay-ups, set shooting, foul shooting

f. foot/eye accuracy activities
- kick stationary and rolling ball into target areas
- drop-kick ball over target
- kick-up ball to teammate or pre-determined area

g. laterality/directionality skills	learning experiences
circle	trace, copy, draw from memory
two circles, diamond	trace, copy, draw from memory
square, triangel	trace, copy, draw from memory
segmented square	trace, copy, draw from memory
horizontal diamond	trace, copy, draw from memory
left, right concept	trace hands, identify
identification of body	"Simon Says," "Angels in the Snow," cut-

parts	out and attach body parts, drawing
conception of "whole"	fill in missing parts, assemble puzzles
spacial orientation	obstacle races, movement experiences

h. reading, mathematics readiness skills, creativity
copying and reproducing from memory all geometric forms on pegboards
creating new, original pegboard patterns

i. explosive strength skills	explosive strength activities
medicine ball, softball throw	throw for distance
shot putting	putting for distance
weight training	exercises involving rapidity of movement
explosive leg strength	shuttle run, standing vertical jump

j. abdominal strength exercises
curl-ups—hands on thighs, just raise head and shoulders
curl-ups—touch fingertips to knee caps
sit-ups—knees flexed, have partner hold feet
sit-ups—inclined position
modified leg lifts—supine position, bring knees to chest and return
sit-ups—added weight behind neck
"Vee" sit-ups—with arms extended overhead, simultaneously raise arms and legs, touching finger tips to toes
"Rocker"—from prone position on mat, grasp ankles with hands and rock back and forth

k. back strength exercises
back extension/floor—from prone position, raise head and shoulders
same as above, raise legs also
"Wrestler's Bridge"—supine on floor, arch back, support weight on hands and feet
back extension with head, shoulders and waist over edge of table, hand behind neck, touch elbows to floor and raise up to horizontal position

l. arm strength exercises

biceps	triceps
curling dumbells	pressing dumbells
curling barbell	pressing barbell
modified pull-ups	modified push-ups on knees
pull-ups, reverse grip	push-ups, legs straight
rope climb, arms & legs	hand walk parallel bars
rope climb, arms only	dips, parallel bars
rope climb, legs piked	swinging dips on parallel bars
static hang, chinning bar	hand hopping, parallel bars
half-inverted hang, rings	leg cuts, side horse
pull-over, horizontal bar	overhead ladder

m. grip strength exercises
squeeze rubber ball
crumple sheet of paper laid flat on a table
rope curl—roll rope with suspended weight around stick held in two hands

n. leg strength exercises
heel raises—raise arms, rise up on toes and hold
same as above, increase stress by adding weight
bench exercise—quadriceps developer

squats—precaution: no more than 90 degrees
squats with weights
leg presses—power rack
Harvard Step Test—add weights

o. cardiorespiratory endurance (stamina) activities
"spot running"—running in place
hopping right foot, left foot, both feet, increase repetitions
running measured distance, time constant
running measured distance, reduce the time
jumping jacks—increase repetitions
rope skipping—repetitions and time constant
rope skipping—time constant and increase the repetitions
Harvard Step Test—start with 30 4-count steps for one minute, increase the time until student can perform for five minutes
same as above, but keep the time constant and increase the reps.

3. New York Posture Screening Test
   a. kyphosis
   b. lordosis
   c. scoliosis ("C" and "S" curves)
   d. pronated feet
   e. flat feet

4. Posture exercises—see posture manual for exercise prescriptions

5. Nutritional tests
   a. Pryor's Width—Height Measurements (bone)
      1. thoracic measurement
      2. pelvic measurement
   b. girth measurements (muscle)
      1. chest
      2. waist (umbilical level)
      3. thigh
      4. calf
      5. arm (biceps)
   c. adipose tissue measurements (fat)
      1. sub-scapular
      2. mid-triceps area
      3. waist

NOTE: Take the average of three measurements; take girth measurements with the involved muscles in a contracted state

6. Exercises to remedy nutritional abnormalities
   a. vigorous rhythmical, aerobic-type activities are prescribed for the obese individual (20% over predicted body weight)
   b. see exercises listed under cardiorespiratory endurance and attached materials

7. Caloric considerations to remedy nutritional abnormalities
   a. increased caloric intake (a balanced diet) and strength development exercises are prescribed for the malnourished individual (20% below predicted body weight)
   b. decreased caloric intake (250 calories per day) and increased physical activity (250 calories per day) are prescribed for the obese individual; goal: one pound weight reduction each week
      1. Bogart's formula to predict caloric needs Daily Caloric Intake = 1 x 24 x (body weight in kilograms) + calories expended for daily activity + 10% of total calories to sustain assimilation and digestion.

8. Exercising regimen
The prescription of an exercising regimen is based on the results of each individual's pre-test. The exercises or tasks to be prescribed are determined as follows:
   a. motor/perceptual ability
      1. one exercise or task is prescribed for each component in which the student attained a score of 51—75
      2. two exercises or tasks are prescribed for each component in which the student attained a standard score of 26—50
      3. three exercises or tasks are prescribed for each component in which the student attained a standard score of 0—25
   b. postural deficiencies
      1. two exercises are prescribed for each postural deficiency in which the student attained four points on the screening test
      2. three exercises are prescribed for each postural deficiency in which the student attained one point on the screening test

Note: All posture exercises are subject to school or family physician approval.

APPENDIX E (Continued) COURSE OF STUDY: D&A GRADES, K-8

D. Teaching Procedures

1. The teacher explains and demonstrates all phases of the testing and exercising program.
2. The teacher assists the student in the performance of each test or exercise.
3. The teacher assists the student in the diagnosing of individual strengths and weaknesses.
4. The teacher assists the student in prescribing an exercising regimen based on the results of the diagnostic test battery.
5. The teacher assists the student in evaluating his progress (every twelve weeks).
6. The teacher, continually, guides and motivates each student to enhance the achievement of maximum progress.

Note: Active student involvement in the learning process (cognitive) should be encouraged as soon as the student evidences the ability to understand.

E. Pupil Activities

1. The student participates in a classroom orientation program (two periods) during which time he is given:
   a. the rationale for individualizing instruction;
   b. a brief, simple explanation of human anatomy and physiology of exercise and how it relates to motor/perceptual development and postural deficiencies;
   c. a scientific approach to weight control; and
   d. the opportunity to compute his daily caloric requirements to determine his caloric needs.
2. The student is afforded an opportunity to develop a realistic self-image by extensive self-testing in terms of motor/perceptual development, body mechanics, bone structure, muscle girth, adipose tissue, body weight and somatotyping.
3. In conjunction with the teacher, the student prescribes his individual program based on his specific needs.
4. In conjunction with the teacher, the student evaluates his progress and redesigns his program accordingly.
5. The student is afforded leadership opportunities by assisting and directing new students admitted to the program.
6. The student plans, organizes and records pertinent date in his folder.
7. Prior to release from the program, the student submits a written evaluation of the Developmental Program to the instructor.

F. Evaluation Techniques*

1. Readministration of the Motor/Perceptual Test Battery at twelve-week intervals. The student must attain an average standard score of fifty or better (or a score commensurate with his somatotype rating) to be released from the program.
2. Readministration of the New York Posture Screening Test at twelve-week intervals. The student must attain a score of eighty-five or better to be released from the program. If the student scores eighty-five or better and still has some scores of one on separate posture items, the regular physical education teacher is notified and the student is required to practice his prescribed exercise(s) during the regular physical education pre-activity period.
3. Case Study Approach
   If a student does not score fifty or better on the third Motor/Perceptual Test (after 36 weeks) and maximum effort has been put forth on valid exercises or tasks, the teacher gathers the subsequent data and makes referral to the proper authority.
   a. motor/perceptual scores
   b. somatotype
   c. weight record
   d. subject grades
   e. medical history
   f. administration of health-habit questionnaire
   g. social adjustment—guidance counselor
   h. Wear Attitude Inventory
   i. personal interview
   j. summary and recommendations
4. Nutritional Testing
   a. weekly weight check and measurements of adipose tissue and muscle girth every twelve weeks.
5. Analysis of Results
   a. Analyze individual test results, determine progress and prescribe programs as necessary.

G. References

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II. ADAPTED PHYSICAL EDUCATION

A. Definition

Adapted physical education is that phase of the total program that has been designed to modify the physical activity program commensurate with the needs of the orthopedically handicapped, neurologically impaired, post-operative/convalescent, mentally retarded, or other such medically-oriented problems.

B. Specific Objectives

1. The student understands the extent of his physical impairment.
2. The student manifests a positive attitude toward his handicap by constantly striving to achieve maximally, within the limitations imposed.
3. The student evidences a positive attitude toward members of his peer group and adults.
4. The student demonstrates the ability to utilize the following testing equipment (those items that are part of his program) accurately:
   a. skin-fold calipers
   b. Pryor's Width-Weight Calipers
   c. measuring tapes
   d. flexometer, or goniometer
   e. tapered balance beam
   f. tensiometer
   g. wet spirometer

   Note: Attainment of this objective should be evaluated in light of grade level and intellectual ability of the student.
5. The student can perform a variety of modified exercises to maintain and improve his level of fitness.
6. The student demonstrates proficiency in a variety of leisure-time skills that will serve him advantageously in adult years.
7. The student evidences an awareness of his tolerance limits regarding his exercising and recreational activities.
8. The student demonstrates cognizance of avoidable safety hazards.
9. The student demonstrates followship and leadership qualities by accepting responsibilities commensurate with his ability level.

C. Course Content

1. General motor/perceptual ability
   a. motor/perceptual test battery—those items that can be performed
2. Measurements of muscular fatigue and tolerance limits

   a. $SDI = \frac{Sb - Sa}{Sb} \times 100$

3. Asthmatic testing
   a. measurement of vital capacity
4. Individual and dual activities
   a. table tennis
   b. shuffleboard
   c. badminton
   d. archery
   e. weight training
   f. golf
   g. wrestling
   h. horseshoes
   i. bowling
5. Modified group games
   a. newcomb, volleyball
   b. basketball

D. Teaching Procedures

1. The teacher lectures, explains and demonstrates all phases of the total program.
2. The teacher assists the students in diagnosing individual strengths and weaknesses.

3. The teacher guides the students in designing individual programs based on their needs.
4. The teacher assists students in evaluating individual progress.
5. The teacher guides the students in terms of locating resource materials.

E. Pupil Activities

1. The student is afforded an opportunity to develop a realistic self-image via extensive self-testing.
2. The student is afforded an opportunity to participate in a variety of modified individual, dual and group recreational activities so that he may develop skills that will serve him advantageously in future years.
3. In conjunction with the teacher, the student prescribes his program, based on his individual needs.
4. In conjunction with the teacher, the student evaluates his progress and redesigns his program accordingly.
5. The student is afforded leadership and fellowship opportunities by assisting and directing new students admitted to the program.
6. The student plans, organizes and records pertinent data in his individual folder.

F. Evaluation Techniques

1. Readministration of motor/perceptual test battery to assess individual progress.
2. Repeated flexometer, or goniometer testing to evaluate range of motion of the involved joints of the body.
3. Repeated vital capacity testing to evaluate progress of the asthmatic.
4. Repeated muscular fatigue testing to assess strength progress of atrophied muscles; also to assess tolerance limits of exercising program.
5. Skill and knowledge testing in modified physical activities.
6. Administration of A and B Forms of the Wear Attitude Inventory to assess change in attitude toward physical activity.

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APPENDIX F

TOWNSHIP OF OCEAN D&A POLICIES AND RULES AND REGULATIONS

GRADES K–9

A. GYM ATTIRE, SHOWERING, DRESSING PROCEDURES

1. Students are to adhere to the same policies as established for the unrestricted program.

B. PROGRAM SCHEDULING

1. All personnel desirous of referring a student to D&A shall forward the request via the building principal's office. Requests must be submitted on a Teacher Referral Form (available in the nurse's office or from the D&A teacher).
2. If the principal approves the referral, he shall forward the form to the D&A teacher. (If the request is denied, he shall fill in the disposition part of the form and forward a copy to the D&A teacher who shall notify the teacher making the referral of the disposition and place or note this information in the student's cumulative record folder.)
3. Upon receiving the Teacher Referral Form, the D&A teacher shall administer the appropriate test instrument in the areas of (1) Low Physical Vitality, Motor Coordination and other diagnostic testing; (2) the D&A teacher shall forward all medically-oriented problems to the school nurse, (nutritional, postural, orthopedic, post-operative and convalescent, asthmatic, etc.) for an examination by the school physician.
4. Following scheduling by the D&A teacher (no. 1 above), he or she shall fill in the disposition part of the form, make a copy and return the original to the person making the original referral with instructions to place or note information into the student's cumulative record folder in the D&A teacher's file.
5. Following the medical examination (no. 2 above), the form shall be signed and dated by the school physician. At the discretion of the physician, the child may be admitted to the program or referred to the family physician.
6. If the school physician approves the assignment to D&A, he or she must fill out the Medical Excuse Form (prescribing specific exercises or activities, listing program duration, etc.) The nurse shall record all pertinent information on the disposition part of the Teacher Referral Form and return it to the D&A teacher. **The nurse shall file the Medical Excuse Form in her office.**
7. If the school physician recommends referral of the child to the family physician, the school nurse shall forward a Medical Excuse Form to the parent. Contacting the parent by phone may also be done by the nurse. Admittance to the program requires parental approval (signature), physician's approval (signature), a list of prescribed exercises and/or activities and program duration. If admission to the program is granted, the nurse shall fill in pertinent data on the disposition part of the Teacher Referral Form and forward to the D&A teacher. **(The nurse shall file the Medical Excuse Form in her office.)** If admission to the program is denied, a follow-up phone call shall be made to the family physician by the school nurse. If admittance is still denied, the information is recorded on the Medical Excuse Form **and** the Teacher's Referral Form. The former is filed in the nurse's office; the latter is returned to the D&A teacher who shall see that the person making the original referral is informed as to outcome **and** that the referral is placed or noted in the student's cumulative record folder.
8. Upon receiving processed and completed Teacher Referral Forms from the nurse, the D&A teacher shall be responsible for making a copy for the D&A file and route the original to the person making the referral, with instructions to place or note the disposition in the student cumulative record folder. This procedure will make the referral disposition information available to: (1) The Learning Disabilities Consultant, (2) Office of Special Services, (3) Administrators, (4) Parents and (5) all other staff members who may work with the child during future years.

C. RELEASE FROM THE PROGRAM:

1. **Junior High School**: Via the department chairman's office. Student evaluation form must be submitted.
2. **Elementary School**: Via the appropriate office, that is Principal, nurse or Coordinator's office.
3. Students may be released from the program if the parental request is submitted in writing to the building principal.

   Note: Students who have been medically excused are not to be admitted to the unrestricted program unless they are certified by a physician that they can re-enter the program.

4. Students may be relased from the program when they have satisfactorily progressed to a point above the original and current admittance scores. Students with medically-oriented problems should be periodically scheduled for re-examination by the school physician for proper monitoring of progress, updating prescription and/or release from the program.

D. **ABSENTEEISM:**

1. **Normal absenteeism:** Follow regular physical education policy.
2. Names of students absent from class but not on the daily absentee sheet are to be forwarded to the principal's office. In the event of repeated violations, the teacher is to call the parent to discuss the problem. If the problem cannot be resolved, the student may be dropped from the program.

E. **THE ACTIVITY PERIOD:**

1. Students with a medically-oriented problem may not participate in the program unless the teacher receives written permission from the family or school physician and prescriptive exercises or activities. (If possible a terminal date is desired.)
2. Each student shall receive a rationale regarding the values of D&A. Teacher and student goals must be established immediately for a clear understanding of the reason for D&A assignement.
3. The teacher shall keep an individual folder for each student. Included in the folder are tests administered and individual prescriptions. Students should be tested at mid-year and progress reports forwarded to the home via the student.

   Note: Teachers of students classified by the Child Study Team are to forward individual test scores and prescriptive activities to the Coordinator of Special Services.
4. Instructional period—the first half of each period shall be devoted to students working on individual prescriptions. The second half of the period may be devoted to individual or group activities based on student interests.
5. Where possible, students are to test one another—record their own scores.
6. Tasks shall be structured so that each child can achieve success.
7. The teacher shall devote a portion of each instructional period to work with each student on an individual basis (positive reinforcement).
8. The teacher shall notify the physical education staff of individual prescriptions so that the students may perform their exercises during each physical education pre-activity period.
9. **Class Size:**

   . Junior High—Ten students for functional efficiency, a maximum of fifteen students.

   . Elementary Schools—Seven students for functional efficiency; a maximum of ten students.

   Note: Class size differential is based on different student classificatons, age and size of facilities.

F. **EVALUATION, STAFF:**

1. Program participation is voluntary, thus no grade is involved. Where assignment to D&A is in lieu of the unrestricted program, then the present policy for grading shall be used with emphasis given to participation and improvement.
2. A "Pupil Progress Report" shall be submitted by the D&A teacher for each student in the program.
   a. Junior High--Submitted to the Department Chairman.
   b. Elementary School—Submitted to the student's classroom teacher to present to parent.
3. Parents of students who are recommended for D&A placement for the following year are to be notified via a letter or personal conference.

G. **EVALUATION, STUDENT:**

1. Students shall complete and submit Self-Evaluation and Program Evaluation forms to the D&A teacher. The teacher is to forward said forms to the Department Chairman's Office.

H. **DISCIPLINARY PROCEDURES:**

1. Refer to physical education policy statements and/or school policy statements.

I. **JUNIOR HIGH SCHOOL MEDICAL EXCUSE PROCEDURE: A PROPOSAL**

1. Medical excuses requesting non-participation in physical education, signed by parents or guardians for short durations (1 or 2 days), will be submitted to the physical education instructor. The instructor's professional judgement will be used in honoring these requests. Requests not honored by the instructor will be referred to the school nurse, and her decision will be honored.
2. Request for non-participation for a longer duration will not be accepted from the parents or guardians. Requests of a longer duration will require a doctor's note, and will be processed through Mr. Pagano, who is in charge of individualized programs.

   Request procedures of this nature will be processed, by Mr. Pagano, in the following manner:
   a. The school nurse will be apprised of the request, and the note will be filed in the nurse's office.
   b. The parents will be contacted, and an overview of the individualized program will be explained to them.
   c. The doctor will be contacted to ascertain whether an individualized program is advisable for the

student.

d. If an individualized program is acceptable, it will be prescribed by the physician and administered by Mr. Pagano, or his designate.

e. If the student is denied all participation by the physician, a medical excuse grade will take effect. A medically excused student will be referred to the guidance department where this grade will be placed in the student's record. A medically excused student will be scheduled out of the physical education curriculum.

f. Students in a medically excused category should have their programs reviewed periodically by their guidance counselor to determine when and to what extent they may re-enter the physical education program.

g. Any student having an obvious medical disability, and who has not presented a request for non-participation will be referred to the school nurse for evaluation and assignment.

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Township of Ocean School District

Project ACTIVE

ESEA, Title IVc, Project 72-341

CORRECTIONS: ACTIVE MANUALS

Low Motor Ability

Page 53: Table 4-1. Transfer "Adjustment Time of 60" from the "Total" column to the "BPO" column.

Page 55: Problem No. 1: Compile Raw Scores. Due to typographical errors, you are requested to perform the assignment on the reverse side of this page.

Page 136: Tables 30 to 39. Between the "P_{10} and P_1" columns enter the following scores:

10 10
4 1 1 1 1 1 1 1 1 2 2 4
1 1

Nutritional Deficiencies

Page 42: Caloric intake to modify body weight. Change last line to reflect, "increase or decrease body weight by one pound per week."

Postural Abnormalities

Page 21: Teacher Learning Experiences
#2: Given the illustrations in Figures 4-2 and 4-3.
#4: Using the raw data provided in Figure 4-3.

Page 63: Appendix F, #3, Posture profile. Change abdominal bar graph to reflect "40" and lower back bar graph to reflect "10".

Motor Disabilities or Limitations

Page 14: Strength decrement index (SDI). ...Positive scores indicate the assigned tasks are within tolerance limits; negative scores indicate assigned tasks are below tolerance limits.

Other Corrections

Please submit.

Gross Body Coordination	Attempts	Raw Score
Walk	++	
Creep	++	
Climb	++	
Skip	00	
March-in-place	00	
	Total	

Balance and Postural Orientation	Attempts	Raw Score
Stand both feet	+00	
Stand right foot	C00	
Stand left foot	++0	
Jump one foot	+0+	
Jump both feet	++0	
Jump both feet	0++	
Hop right foot	0++	
Hop left foot	+++	
	Total	

Eye and Hand Coordination	Attempts	Raw Score
Catch	+++	
Ball bounce and catch	+0+	
Touch ball (lateral)	+00	
Touch ball (fore and aft)	00+	
Bat ball (one hand)	0+0	
Bat ball (bat)	+++	
	Total	

Eye and Hand Accuracy	Attempts	Raw Score
Throw right hand	3,2,2	
Throw left hand	1,2,2	
	Total	

Eye and Foot Accuracy	Attempts	Raw Score
Kick right foot	2,2,3	
Kick left foot	1,2,3	
	Total	

Total Raw Score	
Gross Body Coordination	
Balance/Posture Orient.	
Eye-Hand Coordination	
Eye-Hand Accuracy	
Eye-Foot Accuracy	
Total	

PROJECT
TITLE III
ESEA
ACTIVE